بسم الله الرحمن الرحٓم

Second edition **النسخة الثانية**

هذا الملفٓحتوي على عدة اسئلة للبرومترك من عدة امتحانات سابقة تم جمعها فٓ ملف واحد
والحلول عبارة عن جهد جماعجماعً فٓ صفحة الفٓس بوك وبعضها من اجتهادات أصحاب الأسئلة .

This file contains several questions for Prometric, from several previous Exams have been collected in a single file and solutions is a collective effort in the Facebook page. @saadaghi

(Abdullah Marfadi) Thank God today was my exam and I had only 5 Q mistakes. Some questions repeated of
Previous questions for some doctors
My advice
1 -reading of Qassim and UQU
2 - read previous questions doctors because of repeated questions ,in the files followed by Group
3 – SCFHS a reference sources like
current medical diagnosis and treatment , The Johns Hopkins Manual of Gynecology and Obstetrics and not the net

4 - God willing, down questions as soon as
And you very much wish you success

5-my exam was in 15/5/2013

1-Patient complaint of light-headedness , tachycardia , diarrhea , relieve by laying down , history of gastrointestinal surgery before 2 month ,what is the ur provisional diagnosis

1-IBS
2-dumping syndrome
3-villous adenoma
4-cronhn's disease

Dumping syndrome occur after GI surgery ..

2-After spontaneous delivery , and complete placenta delivery , patient has heavy bleeding no response to bimanual massage , oxytocine and **methergine** second step :

1-hystroectomy
2-bilateral iliac artery ligation
3-utrine pack
4-injection PGF alpha

Medically then surgically ..

3-32 years constructer worker complain of fatigue, loss of appetite and itching , diagnosis

1-scabise

2-depression

3-GI disease

4-PATIENT work in dusty environmental , has red eyes ,itching , no trauma no mucopurulent , to relive has symptoms

1-tobramycine eye drop

2-acyclovier drop

3-trifluridine drop

4-olopatatidin drop

For allergic conjunctivitis ..

5-Patient has sudden Rt eye pain ,red with dilated pupil , cloudy cornea and increased IOP , left eye by examination has cupping disc , and normal IOP, diagnosis

a- Rt glaucoma , left glaucoma
b- b- Rt uvitis and Lf retinal degeneration disease
c- c-Rt conjunctivitis and left reflex symptoms

Right eye is glaucoma and left eye cupping and atrophy optic nerve mean there is glaucoma even IOP is normal which mean is chronic glaucoma in left eyes ..

6-female has burning sensation in vulva , after examination there was vesicle dew drop and tender and swelling in of the vulva, diagnosis

1-herpis simplex

2-post herpetic virus

3-wart

Any painful vesicle in vulva or mouth think about herpes simplex ..

7-3 years old has vesicular and macular rash in palate and posterior pharynx ,no gingival lesion diagnosis

a-measles

b-herpangina

c-aphtus ulcer

Herpangina is characterized by an acute onset of fever and posterior grayish white vesicles that quickly form ulcers (< 20 in number), often linearly arranged on posterior palate, uvula and tonsillar pillars ..

Bilateral faucial ulcers may also be seen and dysphagia, vomiting, abdominal pain and anorexia also occur and rarely parotitis or vaginal ulcers ..

Symptoms disappear in 4-5 days and epidemic form is due to a variety of coxsackie A viruses and cocsackie B viruses and echo viruses cause sporadic cases ..

DDx:

1- primary herpes simplex gingivostomatitis (ulcers are more prominent anteriorly and gingivitis is present) ..

2- aphthous stomatitis (fever absent, recurrent episodes, anterior lesions) ..

3- Trauma ..

4- Hand-foot-and mouth disease ..

5- Vincent angina (painful gingivitis spreading from gum line, underlying disease) ..

8-long scenario 20 years female , amenorrhea , obese , oily skin, high prolactin and high estrogen , normal LH, normal FSH ,normal TSH

1-idiopathic hyper prolactinemia

2-hypothylamic –pituitary

3-exercise induce amenorrhea

9- cachexic patient, metabolism

1-increased amino acid for synthesis protein

2-build fat for preserve organ

3- muscle no effected

10-PATEINT in cold month , when used heater in his room , complain of red eye itching , tearing anther things are normal, ur advice

1-antihistaimin

2-steroid

3-humidified room

11-73 years old nursing home , PPT was positive before one year now the PPT less then 5 and no pulmonary symptoms , normal x-ray , ur advice

1-INH weekly for 6 month
2-no treatment
3-INH daily for 9 month
4-INH and rifampicin and ethambutol for one year

12-16years old female amenorrhea , has normal breast size and contour only has protrusion around nipple ,scanty hair in axilla and pubic normal secondary ch.ch . testosterone more then 350 ng/dl
1-complete androgenic syndrome
2-asherman syndrome
3-turner syndrome
4-Mayer-Rokitansky-Kuster-Hauser Syndrome

13-long scenario Patient has HTN recurrent attack of gouts 3-4 per year , BUN and creatine are high , treatment
1-probenecid
2-allopurinol
3-indomethacin

14-Infant has erythemic rash around perineal area , not satellite treatment
1-frequint change diaper and barrier cream
2-steriod
3-antibiotic

15-clear scenario about schizophrenia

16-Q about hypertrophic cardiomyopathy

(sudden death)

17-long scenario about croup disease

18-long scenario patient 20 years old complain of bone and joint pain ,bleeding ,recurrent infection (positive myloperoxidase and prominent blast cell)

1- myeloblastic leukemia
2-chronic myelogenous leukemia
3-mylodysplastic syndromes

19-patient, complain for 2 years of fatigue , sleepless , self esteem, hopeless

1- minor depression
2-dysthemic
3-major depression

20-Long scenario Female has previous history of ovarian cancer , came to u complain of jaundice . after investigation patient has obstruction jaundice without ascites ,treatment

1-liver biopsy
2-cholysteramin
3-liver tube drainage

21-50 years patient , alcoholic has recurrent attack of epigastric pain ,vomiting and vague fullness, high amylase

1-liver cirrhosis
2-pseudocyt of pancreas
3-peptic ulcer

22- 60 years male complain of sever shoulder pain , stiffness, tender, fatigue, fever and hip pain , ESR is high diagnosis

a-autoimmune disease
b-polymyositis
c-inflammatory tissue disease and giant cell arteritis

23-long scenario about crohn's disease , patient has fistula in- ano , next step 1-antibiotic
2-sitz bath and analgesic
3-medical treatment before fistulotomy
4-follow up only

24- 9 years old has asthma , used peak flow meter daily in the morning , glucosteroids orally + short b-agonist

1-persistent mild asthma
2-moderate asthma
3-moderate persistent asthma
4-sever asthma

25-3 years old has flu , cough , fever and in the buccal mucosa there are gray , white lesions opposite to 2nd molars ,diagnosis

1- rubeola
2- rubella
3-harbangina
2-cheken pox

26-6 years old has asthma used beclomethasone inhalation , the main side effect

1-esophagel reflex d.
2-stomitis
3-Growth retardation
4-dizness

27-patien has eating disorder for weight regain to prevent heart failure

a-4 to5 pounds/week
b-3-4 pounds/week
c-2-3 pounds/week
d-1-2 pounds/week

28-diabetic patient came to ur clinic for Routine examination , by ophthalmoscope there is vitreous hemorrhage what ur action

1-mydiresis
2-pilocarpain
3-refear to ophthalmology
4-multiple appointment

29- female 55 years has history of breast cancer underwent for operation before several month . now has bone pain and diagnosed as osteoporosis

Treatment

1-biphosphonate

2-vit D supplement

3-regular exercise

30-patient has acute closed-angle glaucoma which of the following contraindication

1-acetazolamide

2-pilocarpine

3-laser iridotomy

4-dipivefrin

31-long scenario female 20 years amenorrhea ,hair growth , obesity , high LH ,

treatment

1-as cushing syndrome

2-as addison's

3-as cystic ovary

32-which of the following drugs of TB cause vertigo

1-ethambutole

2-streaptomycin

3-INH

33- heart burn and nasal congestion side effect of

1- theophylline

2-beclomethasine inhalation

3-NSAID

34-patient 90 years present with problem in memory and visuospatial abilities pathophysiology is

1-tangled protein

2-lewy bodies

3-dead neuron cell

This is lewy body dementia not Alzheimer !

36- Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:

a) No risk
b) become greater
c)Become lower
d)No change

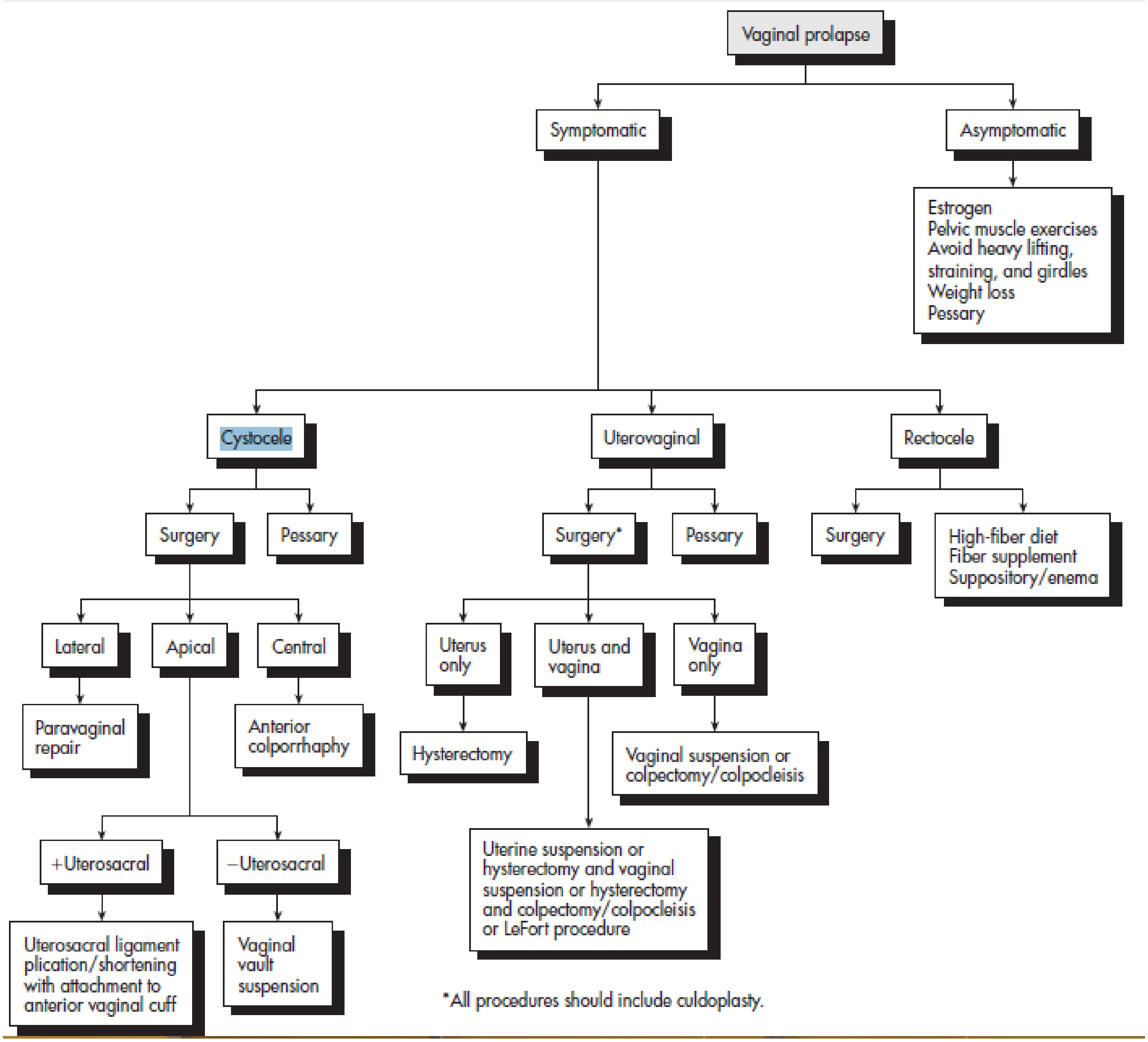
37- Patient complaint of loss of association and cirumstantionciality , neologism and flight of idea the defect in

1- Form
2-content
3- quality

38-long scenario female G6P6 complain of frequency ,urgency micturation , after examination and investigation, patient has cystocele ,weak pelvic muscle , treatment

1-kegal exercise
2-surgery
3-phenolphthalein

The patient is symptomatic now, you can choose surgery to repair that or do pessary ..



39-long scenario female 25 years , use low-dose of contraceptive came to u complain of amenorrhea ,fatigue, weakness, nausea , by examination cervics was cyanotic and uterus large , diagnosis

1-side effect of oral contraceptive

2-early pregnancy

3-ovarin failure

40-which of the following drug not used by WHO for leprosy

1-rifampicin

2- colchicine

3- clofazimine

4-dapson

41- adult male complain of buttock pain , lower backpain and stiffness specially in early morning which improve with activity and during day ,diagnosis

1-rheumatoid arthritis

2-osteoarthritis

3-anklosing arthritis

4-RF

42-aerobic exercises is

1-decreased HDL

2-NO effect on central obesity

3-increased metabolic rate

43-infant has muscle wasting and subcutaneous loss and loss of weight , diagnosis

1-nutritional dwarfism

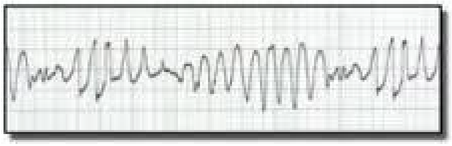
2-marasmus

3-kwashiorker

44- case about self breast examination(picture)

1-need to mirror

45-patient brought to emergency, without pulse , BP 80/60 and ECG finding



1-VF

2- torsades de point

3-PEA

46-female planning to become pregnant , she received varicella vaccine , what ur advice

1-no contraindication

2- routinely used

3- after 1-3 safe to became pregnant

Avoid pregnancy for 3 months after vaccination ..

47- after car accident , patient brought to ER , the GCS was E4M5V4

a-open eye spontaneous, localized pain and confusion

b- open eye spontaneous, obey order , confusion

c- open eye to pain , localized pain, confusion

48- patient has genetic colorectal cancer , which of the following Reduce the risk of cancer

1-folic acid

2-vit. D

3-vit.C

4-vit.E

49-long scenario 20 years female, complain of amenorrhea ,obesity ,hair growth in her face , after investigation ,the blood glucose and LH was high, diagnosis

1- cushing disease

2-Cystic ovary

3- GTT

50-female complain of infertility , investigation done ,every things is normal only FH and LH is high , treatment

a-gonadotropin releasing hormone

b- danazol

c-clomid

51-patient 60 years old complain of sever sudden headache by examination patient has neck stiffness, and decreased level of conscious

1-SAH

2-magirain

3-meningitis

52-which of the following drug case small pupil

1-codeine

2-opioid

53-adult patient complain of urgency ,frequency dysuria , hematuria, leukocyte esterase is positive

1-carcenoma of bladder

2-renal colic

3-UTI

These questions that I can remember. The rest of the 17 questions I can not mention them and, of course, was difficult

don't forget to pray

تَ ُياتي نكی بتنفيق

6 - 10 – 2012

I recall 63 of 70 Qs . About 10 Qs were repeated mainly from 3rd edition . Exam contains all categories of levels starting from easy simple Q to hardest one but usually solving easy and intermediate in addition to repeated Qs are enough to pass as you should answer 32 (45 %) of 70 Qs . Each branch has its own percentage , for example ; Women health occupies 16% of total Qs . For more information about percentage of each branch , refer to SCHS website .

Here I mark answers with red lines and yellow shadow as I selected them in exam , so they are not completely correct . I tried to write explanation with sources as possible as I can . You can depend on Dermatology answers as I answered correctly 3 of 3 Qs and chronic diseases as I answered correctly 9 of 10 Q's . Best wishes for all colleagues would examine SLE or Prometric and special thanks for " Studying SLE together "group as it is important source of Qs .

N.B : Qs and answers are human made , so may you find mistake in typing , recalling , or answers but I tried my best effort to clarify each point. What I want is Just make Doa'a "pray " for me .

1) Role of Acupuncture in pain management :

a) Acute treatment for acute disease
b) Chronic treatment for acute disease
c) Acute treatment for chronic disease
d) Chronic treatment for chronic disease

2) Female patient has UTI and you would tell her about characters of urine that decrees / prevent UTI :

a) High urea, high PH, ? osmolality
b) Low urea , high PH , ? osmolality
c) **High urea , low PH , low osmolality**
d) low urea , low PH , low osmolality

High or low osmolality of urine, high concentration of urea and presence of organic acids and acidic pH are inhibit bacterial growth ..

3) Child came with palpable red rash over legs and arms , not bleachable, arthritis , abdominal pain , stool is positive for blood .
what is diagnosis ? ***Same picture are attached***



a) HSP

4) **macule , papules, pustule , vesicular , rash over chest and face is feature of :**

a) Varicella zoster
b) 6th disease

its progress macule to papule to vesicle then begin to crust ..

5) 20's patient with red lesion on her face .she said that since birth . What is your management :

a) Topical steroid
b) Systemic steroid
c) Antifungal
d) Leaser

6) On eye exam , there are exudates , hemorrhage . Which of the following infectious agent is responsible :

a) CMV
b) Toxoplasma
c) Herpes

7) Patient with 2 week history cough , mild fever . On CXR : round shadow with Cresentric shape around it " I'm not sure about exact scenario " :

a) TB
b) Aspirgelloma
c) Brachochatesis
d) Absecess

8) You notice that many travelers patient came to you with cough , fever , and headache . Lab investigation showed elevated liver enzyme and hyponatremia. What is the your main line to prevent disease :

a) Water sanitation

b) air flow control with …..etc

c) Air sanitation with ……etc

d) Food sanitation

EXPLANATION : Legionella pneumophila **:** Middle to old age. Local epidemics around contaminated source, e.g. cooling systems in hotels, hospitals. Person-to-person spread unusual. Some features more common, e.g. headache, confusion, malaise, myalgia, high fever and vomiting and diarrhoea. Laboratory abnormalities include hyponatraemia, elevated liver enzymes, hypoalbuminaemia and elevated creatine kinase. Smoking, corticosteroids, diabetes, chronic kidney disease increase risk.

Source : Davidson

Legionella :

transmitted by air flow conditioner and presented with atypical pneumonia, diarrhea , cough , elevated liver enzyme and sometime with hyponatremia with hypomagnesaemia ..

Dx by: urine antigen ..

Tx: Macrolide, doxycycline ..

9) Adolescent present with bilateral hearing loss .What is the probable cause :

a) Bilateral myringitis

b) Zinc deficiency

c) MG deficiency

10) When you assess hearing test in child ; bone conduction will be :

a) Twice longer as Air conduction

b) Same as air conduction

c) 50 % longer as air conduction

d) 200 % longer as air conduction

In normal hearing: air conduction twice as long as bone conduction

With conductive hearing loss, bone conduction sound is heard longer than or equally as long as air conduction ..

With sensorineural hearing loss, air conduction is heard longer than bone conduction in affected ear, but less than 2:1 ratio ..

11) **You would tell pregnant lady about varicella vaccine in pregnancy : same repeated Q and the correct answer is** :

Avoid pregnancy 1-3 months after vaccination

12) **Female patient with discharge and culture showed gram negative diplococci .what is the causative organism : same repeated Q and the correct answer is :**

Gonorrhea

13) Infant presented with oral white plaque . his past history is positive for neonatal conjunctivitis treated by systemic antibiotic. what is your treatment : same repeated Q and the correct answer is :

a) Oral nystatin
b) Antibiotics
c) Antifungal
d) Steroid

Candida treated by oral nystatin and you can use other topical antifungal ..

14) Longest scenario you will be ever seen ; about 10-15 lines and each answer 2 lines . Briefly : old man known case of DM , HTN on medication complain of syncope when he playing with his grandson associated with sweating . It is rapid onset and rapid recovery .His daughter said that her father completely normal regarding his mental and behavior status . Past history of medical admission couple of months under indication of shortness of breath / chest pain which was completely normal . On examination : Vital signs are stable including normal BP, Ejection systolic murmur over left sternal border :

a) Decrease dose of antihyptensive to 5 mg (it was one drugs of diuretics and the dose is 10 mg) as well as DM medication
b) Admit to hospital to cardiac series / investigation
c) Order Immediate ECG
d) Reassure him that this syncope due to effect of DM on autonomic nervous system

EXPLAINATION : aortic stenois has triad of syncope , Angina and shortness of breath . Patient well controls on hypertension and DM medication so no need to decrease dose. It is cardiac syncope which characterizes by rapid onset rapid recovery and need investigation for Aortic stenosis by cardiologist

15) A child presented with yellow brown caries over ? what is your advice :

a) Fluoride supplementation
b) Diet modification
c) Antiseptic lotion
d) Antibiotic

16) Patient hears noise in quit place at the night . what is he complain of :

a) Otitis media
b) Otitis externa
c) Otosclerosis
d) Tinnitus

17) Child with chronic otitis media for 1 year .On examination TM is dull and enlarged adenoid .Beside adenoidectomy , what you do also :

a) Myriengotomy
b) Tube insertion
c) Tonsillectomy

This case of Otitis media with effusion and adenoid hypertrophy, surgical treatment are :

adenoidectomy with tympanostomy tube ..

The goal of placement of tympanostomy tubes is to aerate middle ear space and prevent accumulation of middle ear inflammation and effusion ..

18) Someone lost person presented with depressed mood, sad and sleep disturbance for 2 months. What is your diagnosis

a) bereavement
b) Depression

This is because grief of losing a loved one and become normal grief or more complicated grief ..

19) Patient on Amitriptyline .what is potential side effect :

a) Weight gain
b) Hyperpigmentation
c) Salivation
d) Dystonia

20) Adolescent complaint of witness syncope when he was standing behind Post office . It lasts 4 min and he feel …….etc .What is diagnosis

a) Out of control ! something like this
b) Silent heart attack
c) TIA

21) Chronic pain ignorance / neglectnice form doctor . what would be result in :

a) Conversion
b) Anxiety

22) Postmenoupsal women with hot flush and mild vaginal atrophy/dryness .Which of the following occur as result of postmenouse :

osteoporosis

23) A 74 old man present with hip pain that increase with walking and disturb his sleep : what is the diagnosis :

a) Osteoarthritis
b) Osteoporosis

24) Old patient came to your clinic for follow up . she notice that she has pain on her foots , hands .On examination ; Joints are swollen , tender on touch , red .What is your diagnosis

a) Rheumatoid Arthritis
b) Anklysiong spondylaitis
c) Osteoarthritis

25) Female patient came with rash under breast fold . beside lotion, what you will prescribe for her :

a) Steroid local
b) Antibiotic
c) Antifungal

26) 23 old nullipara with regular menstrual bleeding presented with discharge of clear fluid from her nipple . Otherwise everything is normal. What is the next step :

a) MRI brain

b) Prolactin assay

27) On second day postoperative patient complain of shortness of breath . On Examination JVP distended , murmur of Tricuspid regurgitation , no lower limb edema. Which of the following will prevent it to occur

a) Anticoagulation
b) Nero-axial anesthesia
c) Bed rest

28) Which of the following is TRUE regarding Anorexia Nervosa :

a) It is more common than Nervosa bulimia
b) Absence of 2 menstrual cycles are diagnostic
c) It occurs exclusively in adolescent and early adult female
d) Refuse to main body above normal is diagnostic criteria

29) Para 2 women planed with her husband to avoid pregnancy during next 3 years. She doesn't like to use IUCD neither OCP. Which of the following statement is correct regarding Transdermal contraceptive :

a) It is less effective than OCP /IUCD
b) It is easy to forget changing it
c) Rate of pregnancy is more than 1:10000
d) It predispose to coagulation more than OCP/IUD

30) Which of following is correct regarding IUD :

a) It may aggravate vaginal bleeding
b) It can be insert in presence of pregnancy

31) Which of the following NSAID's given twice a day

a) Ibuprofen
b) Piroxicam
c) Indomethacin
d) Naproxen

32) Patient with scoliosis. You will refer him to orthopedic specialist when the degree is :

a) 5
b) 10
c) 15
d) 20

33) Few days after Patient discharged form hospital his serology is positive for Falvivirus. What is your action :

a) Isolation of patient (the only choice involves dealing with blood)
b) Water .....
c) Nutrition ....

EXPLANATION: Case of hepatitis C which transmit by parental route more than sexual route. Notice that in Hepatitis B opposite occur. No Feco-oral or contact transmission occur in Hepatitis B (Hepanda and only one is DNA) , Hepatitis C (Flavivirus RNA) , Hepatitis D (Incomplete virus RNA) . Hepatitis A caused by enterovirius (RNA) and Hepatitis E caused by Calcivirus (RNA)

34) Patient with dehydration drink large volume of water and then present to hospital with sings of dehydration. Lab shows hyponatermia, mild hypokalmia, hypochloremia. What is your INITIAL fluid :

a) NS
b) Manitol
c) Dextrose 5%
d) Dextrose... %

35) Dehydrated child given IV fluid and vomiting, Nausea improved but still anorexic. What you will advise his mother regarding types of food should be given now :

a) Rice, apple juice, potato ......?? every choice contain 3-4 types of food

advise her BRAT diet (banana, rice, apple sauce , toast) you can advise her add yogurt or chicken and milk ..

36) Patient takes Anticoagulation. Which of the following food interact with it :

a) Avocado
b) Spanish

EXPLANATION: The current daily value (recommended dietary allowance) for vitamin K is in the range of 65 to 80 microg/day. This amount is easily exceeded by the ingestion of one serving of green leafy vegetables (eg, one-half cup of frozen spinach contains >500 micrograms of vitamin K) .Other sources of vitamin K (eg, multivitamins, dietary supplements, herbal products) may also affect the degree of INR control .Source UpTodate

Food name	Serving size	Vitamin K (micrograms)
High level vitamin K foods		
Kale, frozen (cooked or boiled, drained)	1/2 cup	570
Kale, fresh, (cooked or boiled, drained)	1/2 cup	530
Spinach, frozen (cooked or boiled, drained)	1/2 cup	514
Spinach, raw	1 cup	150
Collard greens, frozen (cooked, drained)	1/2 cup	530
Turnip greens, frozen (cooked, drained)	1/2 cup	425
Brussels sprouts, frozen (cooked, drained)	1/2 cup	110

37) Patient has watery diarrhea .Microscopic examination shows Flagetted protozoa. What is the mechanism of diarrhea :

a) Cover intestinal wall
b) Prevent water absorption
c) Increase water secretion

EXPLANATION: Giardia: Trophozoites are pear-shaped, binucleate, multi-flagellated parasite forms capable of division by binary fission. Since Giardia is not an invasive organism, the pathogenesis of diarrhea and malabsorption that can occur in giardiasis is not fully understood; diarrhea may be a result of both intestinal malabsorption and hypersecretion. The small intestine is the site of the major structural and functional abnormalities associated with giardiasis. Light microscopy may demonstrate no abnormalities, mild or moderate partial villous atrophy, or subtotal villous atrophy in severe cases. An increase in crypt depth may be seen, and microvilli shortening or disruption may occur. Deficiencies in epithelial brush border enzymes, such as lactase, may develop. Source: UpToDaTe

38) In Anemia of chronic disease , which of the following would be found :

a) High Iron , High TIBC

b) High Iron , Low TIBC

c) Low Iron , low TIBC

d) Low Iron , High TIBC

EXPLANATION: Choice D occur in Iron deviancy Anemia

39) Patient with history of biliary colic presented with cholycytitis and found that he has multiple stone in gallbladder .Lab show Serum bilrirubin and amylase are elevated. Now every all investigation are normal and no obsrtruction of gallbladder neither dilated common bile duct .What is your management :

a) ERCP

b) Choleycystectomy

EXPLAINATION : No need for ERCP in presence of normal not dilated CBD

40) Non obese female can't take sulfonylurea or metformin . What is the drug of choice for her :

a) Insulin

b) Thiazolidinediones

c) Gliclazide

d) Meglitinides

41) Known case of penicillin allergy with active rheumatic fever involving valve . What is the drug of choice :

a) Oral Doxycycline

b) IV Vancomycin
c) Cephalosporin
http://circ.ahajournals.org/content/119/11/1541

42) A 65 year old man with history of stroke 5 years ago with behavioral change that he becomes aggressive ……….etc . where is the site lesion in the brain :
a) Occipital Lobe
b) Frontal Lobe
c) Temporal Lobe
d) Parietal Lobe

EXPLANATION : Frontal lobe = Social behavior and personality .
Temporal lobe = smell
Occipital lobe = vision .
Source : Davidson 20th ed page 1152

43) Patient with long term history of GERD develop Barrett's esophagus. What is cancer most likely will develop :
a) Sequamaus cell carcinoma
b) Adenocarcinoma

44) Young patient with history of dysphagia for solid and liquid for 6 month " Same picture of Barium swallow attached " . What is diagnosis:



a) Achalasia
b) GERD
c) Cancer/ Malignancy

45) Old patient came to ER complain of tachycardia . Vital signs show : BP 80/50 , PR 140 . 2 strips of ECG attached ; one of them is regular rhythm , narrow QRS complex and second one is irregular rhythm narrow QRS complex and P wave present . What is diagnosis
a) SVT
b) AF
c) WPW
d) Complete heart block

46) Known case of DM present with calf pain during walking . On examination : week peripheral pulse , cold and absent hair over legs .What is your diagnosis :

a) Peripheral arterial disease

47) Which of the following is TRUE regarding specific phobia :

a) Psychotherapy is main line of treatment which has high success rate

b) Treated by beta-blocker……

48) Postmenopausal women on estrogen therapy notice that urine pass when she laugh , change position . On examination there are laxity of ligaments and urine pass with Valsalva maneuver . What is you management :

a) Kegel exercise

b) Periurtheral bulking

I think A true

49) Drug Induce ovulation :

a) Spironolactone

b) Clomiphene

50) Patient discharged from hospital on double wall / lumen Trachostomy .What its advantage :

a) Easy to insert

b) Strong

c) Prevent incidental canalucuation

51) Which of the following burn need immediate transfer :

a) 12 cm painful burn close to shoulder

b) 5 cm painful burn in chest

c) 0.5 cm painless burn in face

d) Fourth choice about painful pain

[illegible]

3) 3o burns/full thickness >5% TBSA in patients any age

underestimated 7)
burns associated with major traum

Source : TORNTO NOTES

52) Patient with history of sexual relationship present Painless ulcer with elevated margins. Inguinal lymph nodes enlarged :

a) Granuloma Inguinale

b) Syphilis

53) A 55 old man present with dyspepsia .Upper GI series done and show Mass. What is the next step

a) Laporatomy

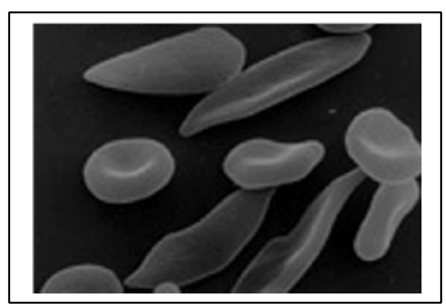
b) Endoscopy

c) CT scan

54) In outbreak of TB ; patient shows negative PPD . how to prevent TB :

a) Rifampicin

ersion without evidence
of active TB on chest X-ray which called " Latent TB "



55) Child presents with hand and foot pain .
What is diagnosis : "Same picture attached "

a) Sickle cell Anemia

56) Repeated Q about patient with known case of Sickle cell anemia present with upper respiratory tract infection . . asking for Prophylactic penicillin

57) DM patient scheduled for elective surgery at the morning .He is fasting from midnight .Which regime you will give him :

a) Half dose at the morning

b) Half dose at morning and half dose at the midnight

c) Usual insulin dose

d) Omit the scheduled surgery dose

EXPLAINATION : Some clinicians switch their patients taking long-acting insulin (eg, glargine) to an intermediate-acting insulin one to two days prior to surgery because of a potential increased risk for hypoglycemia with the former. However, if the basal insulin is correctly calibrated, it is reasonable to continue the long-acting insulin while the patient is NPO and on intravenous dextrose. There are no available data to support one approach over the other.It may be prudent to reduce the night time (supper or HS) intermediate-acting insulin on the night prior to surgery to prevent hypoglycemia if the patient has borderline hypoglycemia or "tight" control of the fasting blood glucose. Basal metabolic needs utilize approximately one half of an individual's insulin even in the absence of oral intake; thus, patients should continue with some insulin even when not eating . This is mandatory in type 1 diabetes to prevent ketoacidosis. Timing of procedure : For minor, early morning procedures where breakfast is likely only delayed, patients may delay taking their usual morning insulin until after the surgery and before eating. For patients undergoing morning procedures where breakfast and possibly lunch are likely to be missed or for surgeries that take place later in the day:

[illegible] for more precise glucose control. Source : UpToDate

58) Patient with malaria . smear shows blue inclusion …. !!? ? :

a) Falciparium

b) Ovale
c) Malarie
d) Vivax

59) Patient with DM II and wear glasses . When he should follow for eye complication :

a) 6 months
b) 12 months
c) 5 years

[redacted]

60) Which of the following is most accurate mode of transmission of HIV in pregnancy

a) Transplacental
b) Cord
c) Contaminated
d) Breast feeding

61) Which of the following will increase chance of UTI :

a) From back to front wiping

62) Patient has COPD on B agonist shows 13% improvement .What you will add :

a) Aminophylline
b) Steroid

[redacted]

63) Patient has cervical osteoarthritis with restricted movement of neck . No radiculopathy pain . how to manage him :

a) Analgesia / NSAID's
b) Splint
c) Surgery
d) Rest

10-4-2013

1) Long scenario about Herpes Zoster. It started with patient had cough fever and rest of pneumonia symptoms. Then he took antibiotics. All there to confuse. At the end he developed typical HZ rash on chest spreading towards back but not crossing the mid line. A similar picture to this one was there.
   A- It is due to drugs
   B- Give antibiotic
   C- antiviral therapy


Shingles

2) A sexually active female do not use protection. What increases the risk of UTI?
   A- Sanitary napkins
   B- back to front wiping
   C- diaphragm contraceptive

3) 14 year old asthmatic boy, only on albuterol inhaler, is a member of school athletic team. He came to your clinic for fitness evaluation. What question you'll ask to know how well is the disease controlled by single inhaler.
   A- How is your performance as compare to your team mates?
   B- Are you using inhaler more these days?
   C- Are you coughing while sleeping?
   D- Are you coughing while eating?

4) Female with multiple sex partners developed genital warts on Labia & perianal region. What other medical condition is related to same causative organism?

A- Cervical Cancer

5) You need to prescribe phosphodiesterase 5 inhibitor. Which drug you will be concerned about?
   A- Nitrates

   Its contraindicated in patient receiving nitrates ..

6) You are prescribing medication for smoking cessation, what will you inquire about?
   A- Seizures
7) 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3Weeks to 2 months ranging from spotting to 2 packs per day; she had 2ry sexual ccc 1 year ago and had her menstruation since 6 months on clinical examination she is normal sexual ccc, normal pelvic exam appropriate action
   A- OCP can be used
   B- **You should ask for FSH and prolactin**
   C- If pregnancy test is negative and urine analysis negative so it is not illness

   This secondary amenorrhea :

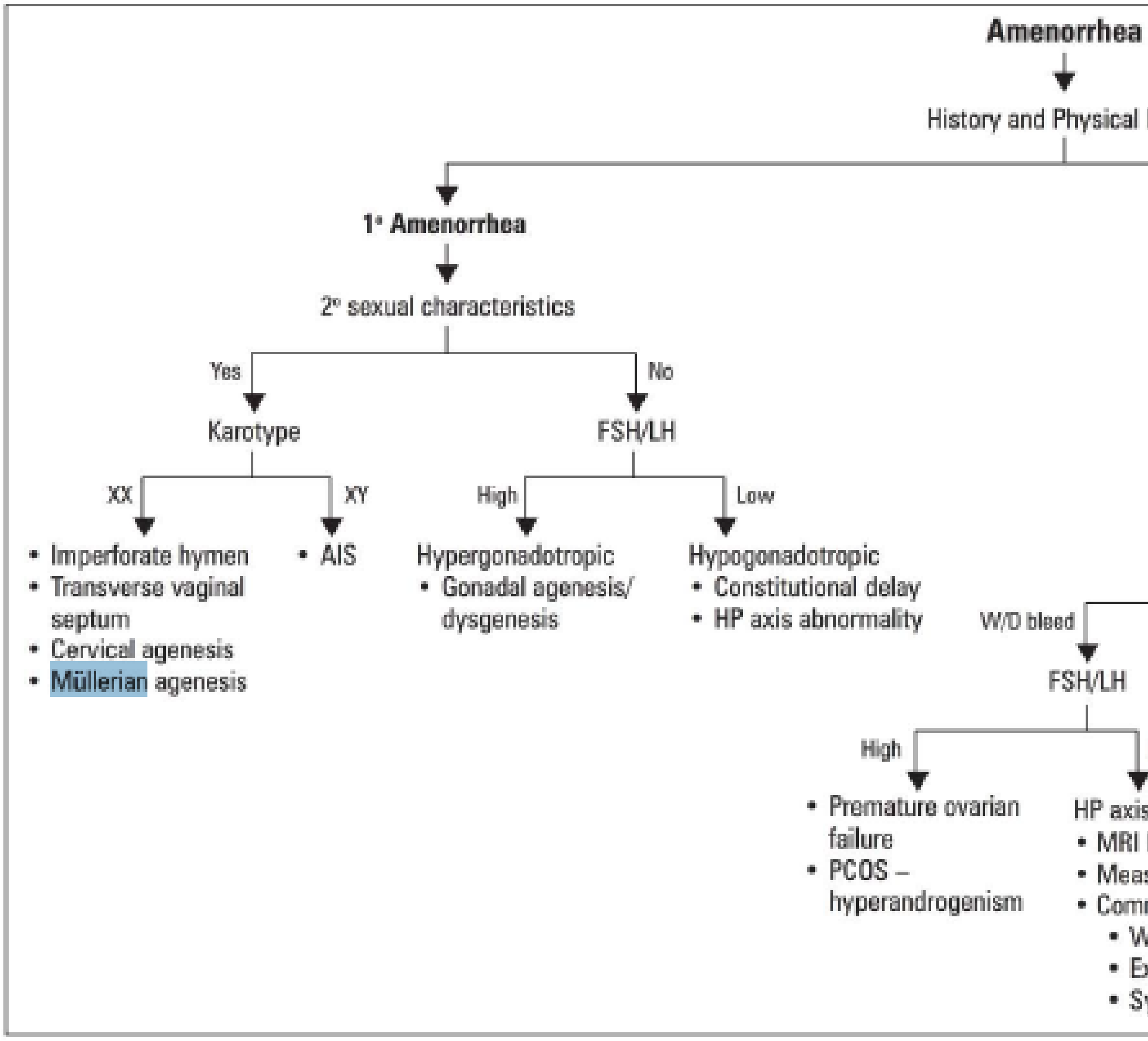


Figure 9. Diagnostic Approach to Amenorrhea

8) 6 year old boy with HBsAG. His mother has HBV he did not receive any vaccination except BCG he should take :

   A- DPT+HiB+MMR+OPV

   B- DPT+HiB+MMR+HBV+OPV

   C- DPT+HiB+MMR+OPV

   D- DPT+HiB+MMR+OPV+HBV

9) Patient presented with sensation of lump in neck. No dysphagia. No symptoms at all. Esophageal endoscopy showed no abnormality. Thyroid was normal. What could be the diagnosis?

A- Esophageal Cancer
B- Pharyngeal diverticula
C- Globus pharynges

10) Another similar question. Sensation of lump in neck. No dysphagia no blablablabla only irritation/pain while swallowing saliva.
A- Tonsillitis

11) Child with UTI
A- Klebsela
B- e.coli
C- pseudomonas

12) Itching in vagina with cheesy discharge
A- Chlamydia
B- Candidiasis
C- Trichomonas

13) 3.5 years old. Enuresis. What will you tell the parents?
A- Reassure
B- Use star chart
C- Use star chart + Moisture Alarm
D- Use star chart + Moisture Alarm + Desmopressin

14) Old patient. Hematuria. Passing red clots. Flank pain
A- RCC
B- Testicular Carcinoma
C- Cystitis

To remember classic triad are: hematuria, abdominal mass, flank pain ..

15) Pregnant lady. GTT showed diabetic
A- Biguanide
B- Prepare insulin management

16) Calcium oxalate stones. Management:

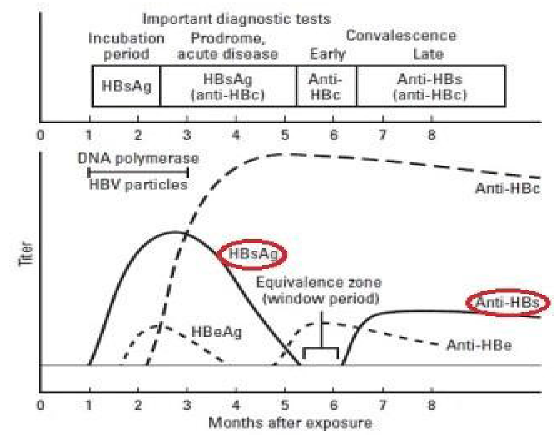
A- Increase dietary Calcium

B- Decrease dietary Calcium

C- Drink more water to dilute urine

D- decrease some other thin in diet starting with M

17) Graph of Hepatitis B markers. They asked to identify two markers. One which ends right before window period. Other which appears after window period. (HBs-Ag and Anti-HBs)



18) X-Ray abdomen + pelvis to diagnose

A- Lumbosacral spondylitis

B- Normal

C- Osteoporosis

طبعا في صورة X-ray

19) Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:

A- Cold compression

B- Eye irrigation with Vinegar Solution

C- Contact lenses

D- Sleep in air conditioned room.

20) Scenario about eye discharge pain photophobia not improving with applying patch, fluorescence stain showed dendritic ulcer

A- Corneal abrasion

B- corneal laceration

In Herpes simplex keratitis seen dendritic ulcer and geographical ulcer ..

21) While colon cancer resection you aggressively want to save anal sphincter. While doing so u can complicate it by joining inadequate margins with

A- Anal leakage

B- Recurrence of Cancer

C- Intestinal Obstruction

22) 100 patients on carbamazepine. After two years you check how many of them have hyper lipid. This study is

A- case-control

B- retrospective cohort

C- prospective cohort

D- cross sectional study

23) Acne Rosacea. On treatment. For cosmetic purpose:

A- More sunlight exposure

B- Fluorescent (Topical something)

24) Pregnant lady have this disease before. She has low immunity to it. Now exposed again. Some neighbor has it.

A- Chicken Pox

B- Rubella

25) Scenario of mumps in 5 years old. (Diagnosis not mentioned). Complication?

A- **Orchitis**

Meningitis

26) Male, with history of unprotected sex with unknown woman. Gram negative diplococcic. With picture of his penis showing discharge.

A- N. Gonorrhea

27) Ting in sclera. Keyser-Fleischer Ring

A- Penicillamine

28) Patient does not have TB. Outbreak of TB

A- BCG Vaccine

B- Rifampicin

C- H Influenza Vaccine

29) In small community, dirty water, poor hygienic people. Socially low area. Which hepatitis is common?

A- A

B- B

C- C

D- D

30) Patient had pelvic surgery. Now have DVT. Mechanism?

A- Platelet Thrombus

B- Static

Virchow's triad :

1- alterations in blood flow (venous stasis) ..

2- injury to endothelium ..

3- hypercoagulable state (including pregnancy, use of OCP, malignancy) ..

31) 36 or 38 week. After delivery she started to bleed from nose and other places. Cause?

A- DIC

B- Factor V Leiden

32) 52 year old lady having varicose vein in leg since her first pregnancy. Not increased. No complications. She want treat it for cosmetic reason.

A- No further treatment available

B- It will make situation worst

C- Laser treatment for saphenous

D- _____ of vein

33) 80 years old. Perfect condition. No DM. No HTN. Since last week he is having some dyspnea on walking upstairs or walking a mile on flat surface. Some murmur (crescendo-decrescendo) and lower limb edema. Friction rubs. (There were two cardiology questions. I think I am mixing scenarios. But one question was pericarditis and one was some valvular heart disease).

A- Do echo
B- Send home
C- Emergency cardiac

بحمد الله وفضله تجاوزت امتحان البرومترك الٌوم 2013.5.28 بدرجه 86%....وهذه اهم الاسئله فٌه اشارك بها معكم عسى الله ان ٌنفع بها الجمٌع ...وشكر خاص لكل من ساهم ففً تطوٌر المجموعه هذه واتمنى للجمٌع التقدم والنجاح...

1-in epidemic research...a test chosen as gold stander for septicemia in 200 neonate...among 50 neonate who diagnosed with sepsis by gold standerd thes the test was positive in 35 neonate,,,among 150 neonate who diagnosed aseptic by this test ,,the test was negative in 25 neonate,,,,,what is the sensitivity of this test?
-80%
-70%

-30%
-90%

The expalnation:sensitivity= a/a+c…(a=true positive, c= false negative)

In the Q 50 was dignosed with sepsis by the test,,,35 of them was + test so a=35 true positive (they have the disease and +test)

50-35=15..so 15=c fals negative(they hav the disease but negative test)

So sensitivity=35/30+15=0.7*100=70%

2- 2 yr old with stunting growth,yellow hair ,pot belly,irritable..diagnosis:
-zink defiency
-Ca+ defiency
-protien metabolism defiency -vit.defiency

3-long term use of opioid associate with :
-neuropathic pain
-ischemic pain
-renal pain
-.....

4- 4month infant of 4kg wt...he on formula feeding 2 ounces /3hour....best intervension :
-increase quantity of feeding??(Not sure)
-increase frequency of feeding
- add semisolid food
-test thyroid

5- pt. with hand cellulitis and red streaks in the forearm ..there is L.N swelling in axilla .....most probably this cellulitis associate with - lymphangitis (ma answer)...

6-in subtropical area ..a man exposed to a sting then he develop adrenergic and cholinerhic symptoms .....the causative organism

-scorpion (my answer)

-...........

7-in sexual dysfunction .. phosphodiesterase 5 inhibitor,L-arginin. used to tt :

-male impotence

-female orgasm deficient

-female ovulation failure

-…….

8- Differentiation of patients with sleep apnea from patients with simple snoring ..use :

- Epworth scale {my answer }

-.......scale

-.........scale

strange names i cant remember them

9-pt with ear trauma since 2year presented with dischange and decrease hearing he take several course of antibiotic without emprovement O/E..there is perforation in the tempanic mem. And conductive hearing loss..which is the appropriate mx:

-mastoidectomy

-topical antibiotic

-maryngoplasty

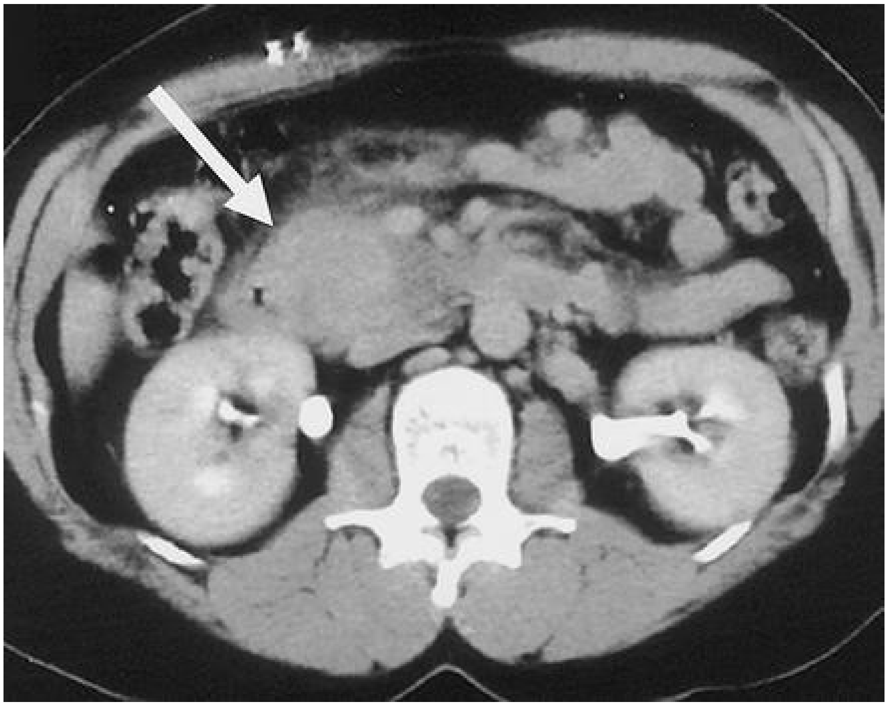
-systemic steroid

10-pt. on treatment for skin rash macules.papules,pustules and viscles whole the body…he gave history of malaise,fever and headach one day bafore the rash,,,which of the following viral is most likely the cause:

-herpis simlex type 6

-EBV

-cytomegalovirus -varicella zoster. 11-56 old pt with history of recurrent severe epigastric pain with protracted emesis, the emesis was clear no blood…he is alcoholic,,,O/E: he was dehydrated ,tachycardic, low grade fever with periumplical tenderness ….lab;non specific leukocytosis,high amylase,,CT done and showing ,diagnosis is:



-abcess

-hepatitis

-pancreatitis

-cholicystitis

12-old women work in neonate nusry unit present with recurrent conjunctivitis the best way to prevent this problem:

-wear gloves

-wash hands frequrntly

-………

13- 24 yr woman c/o abdominal pain ,she gave history of abcent cycle 6 weaks,US show fluid in the pouch ,aspirated and was un colloted blood diagnosis:

-ruptured ovarian cyst

-ruptured ectopic pregnancy

14- picture of fundoscopy(look like this exactly) diagnosis:



01AEQU31 * © Phototake RM|www.diomedia.com * Fundoscopy: glaucoma. * 29 May 2013

-papillitis

-glucoma

-optic atrophy

15-in opiate overdose use which one of the following:

-diazepam

-nalaxon

-frusimide

16-py with infertility and hx of severe dysmenorrheal pain ……most common cause:

-endometritis

-endometriosis

-fibroid

17-in benzodiazepine overdose ….the antidote:

-nalaxon

-flumazenil

-lasix

18-25 yr old women presented wth nausia,vomiting, she gave hx of absent period for 2 months she use condom as contraception…what the initial investigation :

-US

-serum HCG

-laproscopy

19-long scenario about 56 yr old diabetic pt. not on treatment…..BMI 33…HbA1c 8.1

LDL,Cholestrol raised HDL low..what is the initial manangement:

-oral medication monotherapy

-start insulin

-life style modification

20-the same pt.above after 2 wks being on life style modification

HbA1c 7.8..BMI 32…LDH,Choles.decrease slightly but not return to nomal level. HDL raised near normal….what your action:

-start insulin

-contineu same management

-oral monotherapy

21-Q about asthma

22-Q about COPD

23-Q about COPD

24-**Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:** a) No risk

b) **become greater**

c) Become lower

d) No change

25- 26 yr old female BMI 21 …presented depression, .dental erosion:

-anorexia nervosa

-bulimia nervosa ???

-major depression

26- 50 yr old male with +ve occult blood stool and family hx of colon ca.

The next step:

-sigmoidoscopy

-colonoscopy

-U/S

27- 24 yr old woman ,her Pap smear show high grade atypical epithelial cells

Wht is the next step:

-U/S

-biopsy

-colposcopy guided biopsy

-colposcopy only

28-pt. with major depression what is the first line ttt:

-SSPIs

-MAOI

-tricyclic antidepressant

29-mother brought her child with sore throut, barking like cough. Temp.38C…irritable ,,with signs of respiratory distress…diagnosis:

-epiglotitis

-**croup**

-pneumonia

30-pt. presented with cold intolerance ,bradycardia, depression, constipation…most propable diagnosis:

-hyperthyroidism

-hypothyroidism

-addison disease

31-child with fever and ear pain..O/E: the tempanic membrane was red no light reflex:

-**otitis media**

-otitis externa

-perforation

32-pt .with LBBB,,,no abnormality in the echo…he will undergo to dental prodcesure..what is your action:

-give amoxicillin aral after

-**no need prophylaxis**

-give I.V ampcillin

33-Q about atopic eczema

34-Q about scapies

35-pt. with nodulocyctic acne ttt:

-oral clindamycin

-isotretion

-topical

I cant remember the other Qs but in general they were not difficult …most of them in the same topics that discussed in Umm al qura but different scenario….

Wish the best for you ….

Hassan Arishi – Jazan University

I tried to remember as much as I can, I hope it will be helpful

1- Mitral stenosis:
   a- Diastolic, low pitch.

2- 2ry prevention: a- Cardiac bypass graft surgery. b- Immunization.
   c- Detection of asymptomatic diabetic patients.

3- Patient with anemia, low MCV, and low MCH:
   a- Iron deficiency anemia.

4- Patient has depressed mood since 3 months due to conflict in his work, ttt: a- SSRI
   b- Supportive therapy (sure I get 5/5 in psych).

5- Patient with postpartum depression on treatment, what is the best thing to add in ttt:
   a- Include the family in treatment. (sure)

6- Warning symptoms in pregnant lady:
   a- Vaginal bleeding

7- 1 month child with vomiting, abdominal distension, and constipation since birth, next step in diagnosis:
   a- Digital rectal examination

8- Child with nonbilous vomiting and abdominal distension. On exam. Small mass in epigastic area. Xray shows double buble:
   a- Pyloric stenosis

9- Old patient with deep hip pain increase with movement and at the end of the day:
   a- Osteoarthritis.

10- Patient with h. pylori, ttt:
   a- Omeprazol, amoxicillin, clarithromycin

11- Female want to know about her height ,, you told her that her height will stop after

a- 36 MONTHS

12- Patent with dysphagia, ptosis, and double vision , his disease is due to;

a- Antibodies to acetylchline receptors.

13- Patient with HTN, CT abdomen shows multiple cysts in kidney:

a- Polycystic kidney disease

14- The most common cause of 2ry HTN:

a- Renal artery stenosis

15- Which of the following associated with chronic diarrhea:

a- Hyponatremia b- Hyperkalemia c- Mg deficiency

d- Matebolic alkalosis

e- Hypercalcemia

16- The common cause of immediate death in burn injury:

a- Inhalation injury

17- Neck mass move with deglutition:

a- Thyroglossal cyst

18- Eldery patient known case of AF came with abdominal pain , and bloody stool, What is the diagnosis:

a- ischemic mesentery

19- pt with ARDS had pneumothorax…what do you think the cause:

a- Lung damage

20- About cardiac syncope:

21- Which of the following is part of teratology of falot:

a- VSD

22- In child sleep with milk bottle in his mouth, the most common complication is;

b- Dental cries
a- Aspiration pneumonia

23- Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now :
a- Ulnar nerve decompression

24- Child with high fever, cough, stridor, and drooling of saliva, next step:
a- Give oral Abx and send him home b- Give oxygen c- Obtain throat culture
d- Admit in ICU and contact an ENT doctor

25- what vitamin you will give to prevent hemorrhagic disease of newborn :
a- Vit k

26- About relative risk:

27- A case of hypothyroidism on thyroxin, still complaining of weight gain, cold intolerance, and constipation, TSH high, what you will do;
a- Increase the dose of thyroxin and measure TSH after 6 weeks

28- 11 months boy with sickle cell anemia, regarding pneumococcal vaccine:

29- OCP associated with:
a- Decrease risk of ovarian cancer

30- Classic Hx of gout:

31- Benign tumors of stomach represent almost :
a- 7 %

32- Which of the following suggest benign thyroid mass rather than malignant; a- Attachment to the skin b- Lymphadenopathy c- Hard in consistency
d- Multiple thyroid nodule

33- Old female with osteopenia ,fear from desk compression and fracture : a- Vit.D
b- Weight reduction ??
c- Weight bearing exercise

34- Patient with dry eye, you give him drops for lubrication, your advice:

a- One drop in lower fornix (sure 3/3 in ophtha)

35- man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound، although Rt side of his chest in hyperresnoant.. your action now is:

a- Rt pneuoectomy b-
Intubation ???

c- Tube thoracotomy.

36- clavical fracture in infant:

a- Usually heal without complication

b- Usually associated with nerve injury c-
Need figure of 8

37- Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a- Superficial to retromandibular vein and ext. carotid artery

38- adolescent with asymptomatic hernia :

a- surgical is better than medical ttt.

39- the wound stay in early inflammatory phase until :

a- epithelial tissue formation ??
b- angiogenesis c- the wound
steril ??

40- pt after tanning bed he developed blanchable tender erythema and there is no blister :

a- Prodromal

b- 1st degree

41- recognised feature of hiatus hernia :

a- increase with pregnancy

42- a child swallow battery, imaging show that it's in esophagus, your action?

43- Aout dT in pregnancy :

a- dT is not contraindicated during pregnancy

44- side effect of atropine:

45- Sickle cell patient , 11 month old, what is true about pneumococcal vaccine :

46- Which of the following not a live vaccine:
   a- Hep.B

47- Pregnant lady with gestational diabetes, what your action: a- Repeat investigation
   b- Diet modification
   c- Start on insulin

48- 17 years old , she missed her second dose of varicella vaccine the first about 1 y ago what you'll do:
   a- give her the second dose only

49- rubella infection during pregnancy what will do
   a- no treatment

50- 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:
   a- before conception

51- regard obstructed labour:
   a- caput and moulding are known signs

52- regarding antepartum hemorrhage;

53- regarding spontaneous abortion:

54- child with gowers sign, to diagnose:
   a- muscle biopsy

55- Young patient with decreased hearing and family history of hearing loss, ear examination was normal Rene and Weber test revealed that bone conduction is more than air conduction, what would you do?

a- Tell him it's only temporary and it will go back to normal. b- Tell him there is no treatment for his condition. c- Refer to audiometry.

d- Refer to otolaryngeologist (sure 3/3 ENT)

56- Best investigation for sinusitis:

a- CT (sure)

57- Painful loss of vision:

a- Acute glaucoma (sure)

58- what is the best management for binge eating disorder:

a- cognitive behavioral theraby (sure)

59- the most common side effect of antipsychotics :

a- weight gain (sure)

60- Female had history of severe depression, many episodes, she got her remission for three months with Paroxitine (SSRIs) .. now she is pregnant .. your advise:

a- Continue and monitor her depression# (sure)

61- pt was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack

a- Panic attack# (sure)

62- in epidemiological investigation best thing to do 1st:

a- verifying diagnosis

63- In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?

a- 80%

64- 44) About DM in KSA:

a- most of NIDDM are obese

65- 17 y.o,she missed her second dose of varecila vaccine,the first one about 1 y ago what you'll do:

a- give her the second dose only

66- Female had history of severe depression, many episodes, she got her remission for three months with Paroxitine (SSRIs) .. now she is pregnant .. your advise

a- Continue and monitor her depression

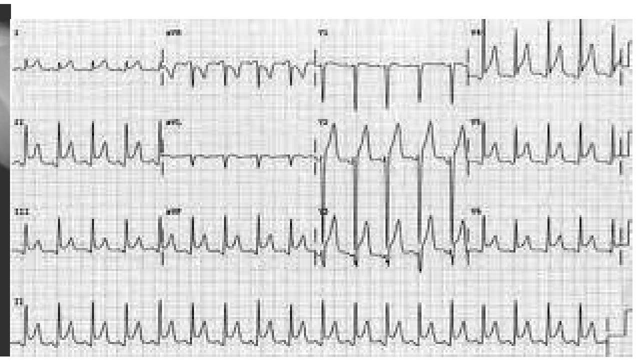
لا تنسونا ووالدٌنا من صالح دعائكم
بالتوفٌق للجمٌع فً الدارٌن

Don't depend on most of choices or answers b/c I forgot most of them you can depend only on surgery& Emergency b/c I take full mark on both only

9-apr-2013

1- Pt. 40yrs come to hospital complain of sharp, central chest pain, exacerbated by movement, respiration,lying down withdifficulty in breathing, hypotension, bradycardia, & a lot of thing long scenario the important thing that make diagnosis is the pictures (nearly to these but more smaller in exam):





A- Pneumothorax

B- MI

C- **Pericarditis**

D- Lung cancer

2- Known case of lung cancer before 4 yrs., last visit to doctor before 2 yrs. He had a problem in somewhere but I forgot,anyway how to best evaluate the bone metastasis:

a. MRI

b. CT scan

c. DEXA scan

d. **Positron emission tomography**

3- Long long long story about vegetarian female with anorexia nervosa complaining of easily fracture bone had along table of lab test all normal except (hypocalcaemia, hypophosphatemia, hypoparathyroidism) the most cause of fracture:

a. Avitaminosis,

b. Pituitary tumors,

4- Girl with amenorrhea for 6 months with body mass is 20 and stable over last 5 years. Your diagnosis is:

a. Eating disorder

b. Pituitary tumors

5- Female athletics with amenorrhea 6 months normally before and now all investigation was normal LH, FSH, TSH ….etc. she didn't want to give up about athlete how to manage:

a. Continues thyrotopine-releasing hormone

b. Pulsatile thyrotopine-releasing hormone

c. Continuesgonadotropin-releasing hormone

d. Pulsatile gonadotropin-releasing hormone

6- Old pt. with intermittent urinary urgency,hesitancy,frequency normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, what is the next step:

a. No need he's normal

b. Routine PSA (prostatic specific antigen)

c. U/s

d. Cystoscopy

7- Old pt. with intermittent urinary urgency, frequency, histansy normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, (Same question copy past) how to manage:

a. Propranolol

b. Trade name drugs I don't remember the rest (sure no surgical option)

8- Female complaining of tender, warm, fluctuated, (signs of abscess) on the axillae, what to do:

a. Excisional biopsy
b. Incisional biopsy
c. Incisional & drainage
d. Antibiotic choice

9- Pt. with flu-like symptoms before 2 days, she's complaining of red eye the most



come likely Diagnosis:

a. Viral conjunctivitis,
b. Bacterial conjunctivitis

10- Women with breast cancer along time ago before 10 yrs and she treated, with partial mastectomy she didn't visit her doctor last 2 yrs., complaining of headache, flashlight, on the left eye from 2 days, I forgot the complete scenario, on examination there is no evidence of cancer or metastasis, no visual loss, hypertension, what is the next step:

a. Refer to her oncologist,
b. Start migraine therapy,
c. Admitted to hospital and advice ophthalmologist & oncologist,
d. Start hypertension therapy,

11- Child presented with black swelling 1X1 cm in inner lower lip, not tender, suddenly discovered (dental problem why I should answer it):

a. Gingival cyst,
b. Tumors

12- 6 month baby with severe dehydration with hypernatremia depressed fontanel, dry doughy skin, loss turgor skin, presented with fever, vomiting, diarrhea for 2 days, management:

a. IV hydration,

b. Aggressive oral hydration,

13- Child with burning sensation on hand with itching aggravated at night on morning come to hospital shows minimal size papules/macules on hand

a. Hives
b. Scabies
c. Impetigo
d. Psoriasis

14- Child with nodulocystic acne on face with scar black dot on tip (with no picture):

a. Topical clindamycin
b. Topical erythromycin
c. Oral (forgot)
d. Oral (forgot)

15- Pt. with HBsAg&HBeAg discovered when he's goes for donor blood with routine investigation, no symptoms:

a. HBV DNA study
b. Interferon therapy
c. Observation

16- 40 yrs. Old patient having epigastric pain for 2 days radiate to the back, fever tachycardia, hypotension, tenderness long scenario(signs of pancreatitis) what is the next step:

a. Serum amylase and lipase
b. Abdominal X-Ray
c. Abdominal CT
d. Barium meal

17- 26 yrs. Old patient having RUQ pain for 8 HRS radiate to the Rt. shoulder, fever tachycardia, nausea, vomiting, rebound tenderness, he have the same attack before 6 month but minimal symptoms (signs of cholecystitis) what is the next step:

a. U/S

b. X-Ray
c. CT
d. Barium

18- Child with enuresis, beside behavioral therapy advice for:

a. Desmopressin and imipramine
b. Desmopressin and clonidine
c. Imipramine and guanfacine
d. Clonidine and guanfacine

19- Along scenario about old man he count everything step of ladder, foods, anything his eyes fall in or he do it,

a. Obsession
b. Delusion
c. Alzheimer
d. Compulsive behavior

20- Female pt. with burning vulvae, on examination show dew drop on rose petal on vulvae:

a. Herpes simplex disease ???
b. Post-herpetic lesion (I'm sure there's nothing about chickenpox or varicella) ???
c. Syphilis
d. Chancroid

21- How you can adverse the Magnesium sulfate toxicity in pre-eclampsia pt.:

a. Sodium bicarbonate
b. Normal saline
c. Calcium gluconate
d. I.V hydrocortisol

22- Old man with fatigue &Myasthenia Gravis already diagnosed, treatment:

a. Anticholinergic drug
b. Immunosuppressive drug

- **c. Acetyl-cholinesterase inhibitor**

23- Pt. with small bowel obstruction scenario with operation on small intestine before 1 year what is the most diagnostic methods:

- **a.** U/S
- **b.** Barium enema
- **c.** Double contrast barium meal
- **d. Small bowel barium follow through**

24- Old pt. 83 yrs. With rest tremor, abnormal gait, fatigue on examination shows bradykinesia:

- **a.** Cortical degeneration
- **b. Parkinson's disease**
- **c.** Essential Tremor
- **d.** Alzheimer's Disease& dementia

25- Old pt. complaining ofbilateral gradual loss of vision with normal other investigation but on eye not dilated examination shows cortical opacities on lens, Diagnosis:

- **a. Cataract**
- **b.** Open-angle Glaucoma
- **c.** Retinal detachment

26- Old pt. history of D.M. history of DVT shows cold, pale, hair loss, & calf pain:

- **a.** DVT
- **b.** Acute spinal cord compression
- **c. Ischemia**

27- A known case of treated Hodgkin lymphoma with radiotherapy not on regular follow up presented with gradual painless difficulty in swallowing and breathing on examination there is facial swelling and redness, diagnosis:

- **a.** IVC obstruction
- **b. SVC obstruction**

c. Abdominal aortic aneurism
d. Thoracic aortic aneurysm

28- Pt. with Raynaud's phenomena he is living with roommate smoker, along scenario but this is the importance, treatment:

a. Anti-vibrating gloves
b. Keep core body temperature warm in cold
c. Negative smoking is not a trigger of disease
d. Keep hands warm away from cold

29- Child pt. drink something poisoning I forgot but it's Organophosphate, with nausea, vomiting, diarrhea, hypersalvation, dilated pupil, bronchoconstriction, management:

a. I.V Atropine administration
b. I.V Pralidoxime administration
c. Immediate gastric salvage

↓

بسم الله الرحمن الرحيم

Prometric exam of 6/2/2013

السلام علكم ورحمة الله تعالى وبركاته

These are some of the qs that came in my exam, I hope they would be of help, I forgot many of the choices(sorry), wrote my answer below the choices so you can have your own impression about that qs and not be misleaded by my answers which may be true or wrong.

Many of the qs in my exam were repeated, my advise that the more you review previous exams paper both prometric and sle the better, and by that you would find that actually the qs are not new and they may had been seen in previous old exams, in

addition to that you just need some extra reading for only some topics that appear frequently.

You can depend on the answers in dermatology, psychiatrics, chronic diseases, emergency problems and common surgical problems I got in them full marks.

1-patient was diagnosed with pancreatitis and gives you biochemical values: low albumin, and ask about the type nutrition:

a-TPN

b-parental glucose diet c-low

protein and high carbohydrate d-

naso jejuna feeding my answer was

d

2-female patient got only history of treatment of ovarian teratoma 2 years back, now came with palpitation, in the history it mentions that she also had fine tremor not effected by intention, moist skin, brisk reflexes and no goiter. ECG is normal. What is the most appropriate step:

a-request T4 level b-sorry

forget other answers my

answer was a

3-chart of body mass index and gave you a female with BMI of 32.5 :

a-under weight b-normal c-obese d-morbid obese my answer was

c

4-patient came with history of URTI for 2 days and now developed red eye, sever conjection and palpable lymph nodes, what is the diagnosis:

a-gonorrhea b-

clamydia c-adeno

virus my answer

was c 5-female

patient delivered

and then she

developed pruritic

papules and

pustules after 24

hours of delivery,

what you want to

give the baby:

a-IVIG for varicella

b-acyclovir my

answer was a

6-parient developed fever then had macules, then developed papules , vesicles and pustules, what is the diagnosis:

a-HSV1 b-HSV2

c-varicella my

answer was c

7-patient developed fever followed by macules, papules and pustules in the back with erythema and pain at the site of lesions, what is the diagnosis:

a-chicken pox b-

HSV1 c-shingles d-

measles my

answer was a

8-all of the following drugs used in mentainence treatment of opoid dependence

except: a-clonidine b-methadone c-nalotroxene

my answer was a

9-patient with IDDM developed foot ulcer, he had intact posterior tibial and dorsalis

pedis pulse, the ulcer was infected, he was treated by antibiotic but not improved, what

is your next step: a-surgical depritment b-imputation below knee c-hyper baric O2 my

answer was a

10-patient came with palpitation, not had any disease history, not used any cardio stimulatory drugs or alcohol and not had chest pain, PR was 210 otherwise normal examination and ECG inconclusive, what is the most appropriate management:

a-compute P-R interval

b-cardiac enzymes c-

V/Q scan my answer

was a

11-CT abdomen with multiple masse s in the liver with peripheral blood eosinophilia, what is your diagnosis:

a-schistosomiasis b-

hydatid disease c-

liver metastasis d-

abscess my answer

was b 12-patient

came with long

history of pruritus

and weight loss ,

was anicteric, but

had xanthlesma

and also scratch

marks, ALP

increased, also

gama glutamyl

transverse was

raised and

increased

immunoglobulin M,

also had positive

antimitochondrial

antibodies,what is

the diagnosis:

a-primary billiary cihrrosis b-forget

others but no need for them my

answer was a

13-female came complaining of photosensitivity, malar rash, joint pain and had RBCS in urine,what the diagnosis: a-rheumatoid arthritis b-lupus nephritis c-gout my answer was b

14-patient with thirst and polyurea, had history of bipolar disorders and prescribed lithium for that, she is not dehydrated, her random sugar is (105), other investigation show: serum Na (143), osmolarity (380), and urine osmolarity (280), what is the underlying mechanism:

a-due to increased water intake due to polydepsia and thirst

b-due to resistance to effect of desmopressin on kidneys and reduced concentrating abilities.

c-due to osmotic duresis caused by hyperglycaemia d-due to central

reduction of desmopressin and central thirst mechanism my answer was

b

15-patient have joint pain that involve peripheral joints for 3 monthes and also had morning stiffness that last for one hour, what is the diagnosis: a-rheumatoid arthritis.

b-gout c-

oestoarthritis my

answer was a

16-patient has increased intraocular pressure by tonometer, and optic disk cupping, what you will tell him:

a-that if IOP reduced, these changes can return to normal

b-that this is due to working under shiny sun c-his blood

relatives should be informed my answer was a

17-child of 7 years came with SOB, cough, he had history of different previous allergies, on examination he had wheezy chest, what is the most appropriate initial management:

a-thiophylin b-

monteleukast c-nebulized

albetrol d-inhaled

corticosteroid my answer

was c 18-there is a

picture with history that

states that this child had

purple rash on extensor

surfaces of lower limps,

was tender but not

blanchable, there was

abdominal pain, joint pain

and positive occult blood in

stool, what is the diagnosis:

a-HSP b-polyarteritis

nodosa c-ITP my

answer was a

19-female who is G1 P1, do not want to get pregnant and her job need that she does not get pregnant for 3 years, you advised her about transdermal combined contraception, what you will tell her: a-it is less effective than OCP b-no reaction in skin at site of insertion c-replacing it can be forgotten when the time comes d-it is associated with thrombotic tendency more than OCP my answer was d

20-female came with lower abdominal pain and history of 6 weeks amenorrhea, U/S revealed fluids in the pouch of douglas and culdocentesis revealed dark blood, what is the most likely diagnosis: a-ruptured ovarian cyst b-ruptured ectopic pregnancy c-red degeneration of fibroid my answer was b

21-child aged 2 years came complaining of barky cough, he was irritable and had reduced appetite, temperature:38.3, there was inspiratory stridor, what is the most likely diagnosis: a-epiglotitis b-croup

my answer was a The answer is wrong Right B >>,, But Dr. wrote in the introduction to questions (You can depend on the answers in dermatology, psychiatrics, chronic diseases, emergency problems and common surgical problems I got in them full marks.)

22-patient sustained RTA with head trauma, he cannot direct the spoon to his mouth, what the effected parts:

a-cerebellum b-

pariatal lobe c-

temporal lobe d-

occipital lope my

answer was a

23-when assessing hearing in adolescent, you use which of the following:

a-ticking watch b-recorded sound of a dog c-recorded sound of music d-

sound of page flip my answer was a

24-when assessing hearing (I think in children), you use whispering of words, which combination of words is the most appropriate:
There was 4 combinations of words each with 2 words I chose the closest 2 words to each other when pronounced, the rest 3 choices the words were far different

25-when the doctor ask the patient to face the wall and then bend with arms hang loose he is screening for witch of the following:

a-scholiosis b-

kyphosis my

answer was a

26-patient not came to work for 3 days and then found in home with thirst and vomiting, in investigations you find increased calcium level, the appropriate initial management is: a-hydration my answer was a

27-patient taking antituberculous medications then he developed many eye complains, what is the causative agent:

a-rifampicin b-

isoniasid c-

pyrizinamide d-

ethambutol my

answer was d

28-patient had RTA and came with GCS 12/15, PR increased, RR 60, and his blood pressure was 85/65, he had bruise in the left side of chest, the most appropriate initial step is: a-X RAY b-CT scan head

c-IV fluids d-tube

thoracostomy my

answer was c

29-baby had greasy white tongue and had history of treatment of clamydia infection,what you want to give:

a-nystatin oral drops b-

topical steroids c-

topical antibiotics my

answer was a

30-patient complaines of frequent urination, the bladder is palpable after urination; he said that although urine pass frequently he had difficulty in initiation of micturition, what is the diagnosis: a-urge incontinence b-stress incontinence c-reflex incontinence d-overflow incontinence my answer was d

31-female aged 40 years came with heavy periods and intermenstrual bleeding, she is not on OCP or any other drug, not sexually active because her husband travelled one year ago, she said the 3 months ago her cycle was regular but changed now, this features are suggestive of which of the following:

a-endometrial cancer

b-anovulatory cycle

c-endometritis my

answer was b

32-female who does a lot of training and had amenorrhea for 5 months, this can increased her risk of: a-ovarian cancer b-endometrial cancer c-osteoporosis d-infertility my answer was c

33-patient complaining of weight gain and fatigue, he has a pituitary tumor, his investigation revealed: low ACTH, low TSH, low FSH and low LH, what is the appropriate treatment:

a-human chorionic gonadotrophin and gonadotrophins b-human chorionicgonadotrophins and thyroid replacement

c-corticosteroids and thyroid replacement d-thyroid replacement and gonadotrophins my answer was c

34-patient came for assessment after fracture by falling on outstretched arm which was diagnosed as colles fracture on minimal trauma, what is the appropriate test to check for bone density:

a-VIT D b-Ca c-X RAY hip and pelvis d-dual energy x ray absorbometry my answer was d

35-patient developed chest pain and sweating for 4 hours and was pulseless, there was an ECG attached, what is the diagnosis:

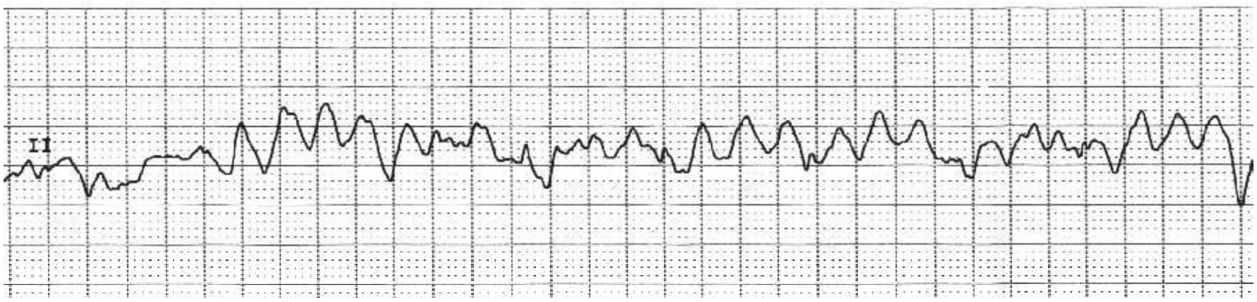
a-VF b-AF

c-WPW

d-torsade de pointas my

answer was a not this but

something similar



36-patient who had history of previous infective endocarditis, and now came with dental caries for dental procedure, what is the appropriate prophylaxis:

a-amoxycillin 2gm one hour before procedure b-

amoxycillin 1gm one hour before procedure c-

clindamycin 2gm one hour before procedure d-

clindamycin 1gm one hour before procedure my

answer was a

37-an infant of 6 month brought by his parents with history of repeated vomiting, his pulse was (190), and he had dry mucous membrane, sunken anterior fontanel, what is the appropriate volume of fluid given initially:

a-bolus 10 ml/kg of body weight b-

bolus 20 ml/kg of body weight c-slow

infusion 10 ml/kg of body weight d-slow

infusion 20 ml/kg of body weight my

answer was b

38-child aged 5 years came with painless limp for one week, on assessment on x-ray you find sever Avasculer necrosis, what is the most appropriate treatment:

a-surgical correction b-non weight

bearing for 6 months my answer

was b

39-pregnant at 12 week of gestation for follow up, she was healthy previously and everything was normal but her fundal height lag 3cm behind the gestational age, what is your action for management:
a-amniocentesis and viral screening b-

terminate the pregnancy c-strict bed

rest d-advice good nutrition and healthy

diet my answer was d

40-patient came with history of depressed mood, decrease appetite, decrease weight, lack of interest and suicidal ideation for 2 months, what is the diagnosis:

a-major depression

b-dysthmia c-minor

depression d-

bipolar disorder my

answer was a

41-patient tells you that he have a history of seizures, when that occur it continuous for 30 second then stops, what of the following can be used for initial protection:

a-insert wooden taunge b-

secure the air way c-insert

metallic something??

my answer was b

42-patient diagnosed as depression, what is the initial pharmacotherapy:

a-SSRI b-MOAI c-

TCA my answer

was a 43-in a

patient who is on

antipsychotic and

he is noncompliant

to therapy, how

the physician can

response: a-give

depot injection of

haloperidol or

fluphenazine b-

give IV

antipsycotics c-give

clozipine and other

one orally?? d-give

two other drugs

orally??

Sorry some choices I couldn't remember the name of the drugs in the choices

my answer was a

44-patient had disinhibited ideas and he keep telling people about them, he seems not aware of that and not stop even when he asked to, what is your diagnosis:

a-thought insertion b-

preservation c-loosening

of association d-flight of

idea my answer was b

45-a study was done to assess the effect of alcohol on 5000 individual was started in 1985, then it assessed the incidence of liver cirrhosis between 2005-2008, what is the type of study: a-case controlled b-retrospective study c-concurrent cohort d-cross sectional study my answer was c

46-which of the following inherited blood disorders is associated with increased bleeding time and deficiency of VIIIc:

a-hemophilia A B-

hemophilia B c-

hemophilia C d-von

willibrand disease my

answer was d

47-female patient had weight gain since menstruation, also had infrequent cycles, she was trying to get pregnant but no success, she was obese despite exercise and dietary modifications, also she had acne and hirustism on face, investigations showed:

Increased LH Reduced FSH

Reduced sex hormone binding globulins Increased glucose

Increased androgens

What is the most likely diagnosis:

a-PCOS (Polycystic Ovarian Syndrome)

b-obesity my answer was a

48-patient had severe acne vulgaris on face, the use of antibiotic is for:

a-prevent physical scar formation b-prevent systemic spread of

infection my answer was a

49-patient had enlarged parotids, dry eyes and dry mouth with positive HLA B8 and positive antinuclear antibody and rheumatoid factor, your management will be as:

a-anti-inflammatory drugs b-

increased oral fluids c-

artificial saliva and tears my

answer was c

50-known sickler came with repeated gall stones and on investigation found 7 stones the largest was 2cm, not obstructing the cystic duct and no evidence of extra hepatic biliary obstruction, what is the most appropriate management:

a-cholecystectomy b-sorry

forget the rest my answer

was a

and in the end thanks for the face book group of studying, it is an important source of qs, previous exam papers and good discussions an information's.

اسأل الله نكى جًَيعا انتنفيق وانسذاد
لاٌنسىَيٍيدعائكى

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although not much Qs had been repeated , but they still have the very same ideas .. in general , around 5 Qs were in alqassim collection -exactly the same- and more than 10 sharing the same Med. info (in one way or another). more Qs are in the same subjects, few Qs are very simple and can be solved with minimum Med. knowledge, little Qs (at least three in my exam) were about things i have never ever heard about (Meds , diseases and microrganisms)

for Docs who are preparing for the exam : the most important thing -in my opinion- when you prepare for the exam (i strongly recommend u start reading alqassim collection and if u have more time u read what u can) , is to focus on the INFO and not merely memorizing the correct answer !! very low chance that you find the same questions , but definitely the same subjects and ideas will be repeated .. for example : not a single exam will not have at least one or two Qs about VACCINATIONS so u r gonna have to read the Qs about them and revise the important subject headlines (when u read the Qs from previous exams u will notice the pattern of the Qs is like : 1-life att. or killed or ...,2- missed certain vacc , what will u do ,3- safe for pregnant or not ?? and so on) and say the same for other subjects. although the exam Qs are very randomly generated (i believe) but the number of Qs for each field will be the same AND some subjects DEFINITELY will be in the Qs (in one way or another)

important subjects for the exam (Vaccinations (for child and pregnant), skin rash and URTI in paedia, thyroid case, Dx and meds for common psych. cases , HEBATITIS B MARKERS (Abs and Ags) , pregnancy emergencies and

contraindicated Meds.UTI for males and females. statistical Q (stillbirth rate, mortality rate .... , sensitivity and specificity . etc)

dr.alkaf

1) 2 weeks infant . presented with whitish pinhead patches over his face , what will you do :
   a- Do nothing
   b- Local antifungal c- Oral antibiotic

2) 6 years old child was bitten by a CAT , what is the organism ?
   a- *Pasteurella*
   b- *Strepto viridians* c- *Staphylococcus* 3) 2 years old child, presented with multiple pustular lesion on his scalp , what is the disease ?
   a- *pustular folliculitis* b- *???*

(not sure)

4) 28 years pregnant at 20 weeks of pregnancy. Developed dyspnoea and resp. distress of sudden onset , what is the diagnostic test :

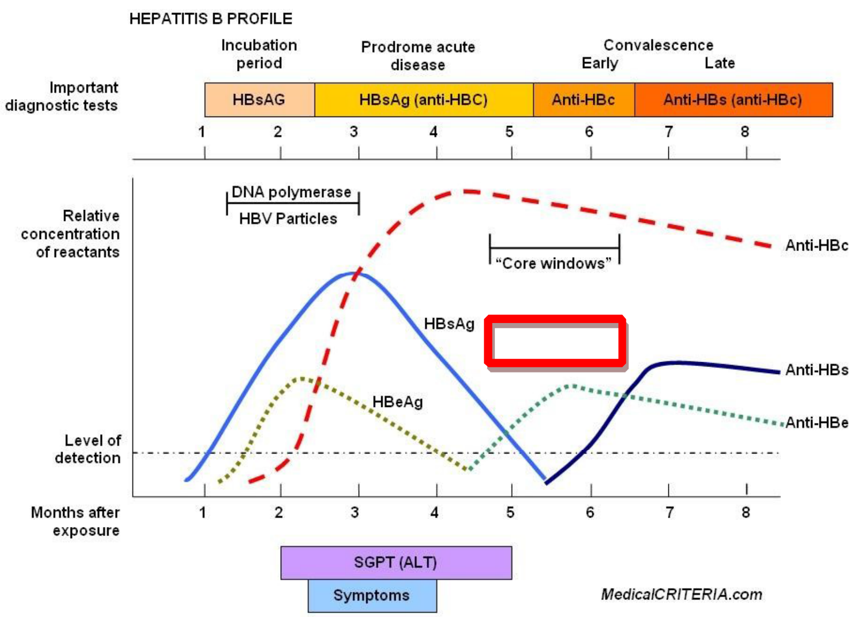
   a. 2 chest x-rays
   b. Echocardiogram
   c. CT scan
   d. V/Q ventilation

5) 60 years admitted to the hospital as end stage COPD, what will you expect in lab. Work :

a. Hypokalemia
b. Hyponatremia
c. Low ferritin level
d. Erythrocytosis

6)Heb b chart , what viral mark we see at this stage ? :

(closest diagram I found on the internet)



a-HBe ag
b-HBsAg
c-HBe antibodies
d-HBs antibodies

7) child diagnosed as HAAD , what is the treatment ?

????

8) TTT of bipolar disorder:

??? (NO lithium in choices)

9) 45 years male, last few weeks increase alcoholic intake, activity and phone calls, also no sleeping for more than 2 hours at a atime. What is your diagnosis :

a) alcohol abuse

b)mania

10)a question about STILLBIRTH RATE in a given small town (with given multiple statistics)

11)Female was given first dose of tetanus vaccine and missed the second for few years , what will you do :

a)give second dose anyway .

12)fireman came to ER with 1st and 2nd degrees burn on face and neck , burn area around 5% ,blister formed, what will you do : a- drain blister b-apply silver sulfadiazine and start antibiotic …

13)60 years female, c/o back pain, bone density=2.5, what will you do :

a)NSAID

b)calcium

c)calcium+vit.d+phosphorus

d)exercise advise

14)male presented with white discharge of urethra, febrile, dysurea , gram stain show gram +ve diplococcic. What is your diagnosis :

a)gonorrhea

↓

13-march-2013

1. **Most common site of non-traumatic fracture in osteoporosis pt is:**
   A. head of femur
   B. neck of femur
   C. vertebra
   D. tibia

2. **Treatment of chlamydia with pregnancy :**
   A. Erythromycin
   B. **Azithromycin**
   C. **Doxycycline**

3. **Right eye has redness, pain, & photophobia. The left eye has uveitis, ttt is :**
   Cyclopentolate 1%

4. **old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:**
   A. Bartholin cyst
   B. Bartholin gland carcinoma
   C. Bartholin abscess

5. **Earlier sign of puberty in male is:**
   A. Appearance of pubic hair
   B. Increase testicular size
   C. Increase penis size
   D. Increase prostate size

6. **The most common causes of precocious puberty:**
   A. Idiopathic
   B. Functional ovary cysts

C. Ovary tumor
D. Brain tumor
E. Adenoma

7. best way to decrease infection in newnatal area washing hands before and after examination

8. 28 yrs old AOM he was treated with Amoxicillin, came after 3 wks for F/U therewas fluid collection behind tympanic membrane ,no blood wt to do nxt:

A. watchful waiting
A. myringotomy

9. Man use sildenafil, to prevent hypotension you should not use :

B. Nitrate
C. B blocker
D. ACIE
E. CCB

10. lumbar puncture :

A. Between t12 and L1
B. L1 AND L2 C. L2 AND L3 D. L3 AND L4
E. L4 AND L5

11. A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?

A. Amoxicillin
B. Penicillin
C. Cepahlosporin (ceprofloxacin)
D. Amoxicillin and Clavulonic acid
E. Erythromycin and sulfamethoxazol

12. SAFE ANALGESIA DURING PREGANCY

PARACETAMOL

13. MOST COMMON CAUSE EPISTAXIS IN CHILDREN

A. HEMOPHILIA

B. Local trauma

13. BEST ANTIDEPRTION FOR IN ADULTHOOD: FLOXICINE تاكذو

14. 10 YEARS old boy come with yellow sclera and kisses fischer ring low level of cearuloplasmin the ttt is:
Penicillamine

15. Best ttt for obsessive compulsive disorder:
Selectivly inhibit the reuptake of serotonin (5-hydroxytryptamine,5-HT)

16. Baby ingestion of unknown drug cause metabolic acidosis and anion gap 18 lab lablab:

A. Asprin
B. Paracetamole

17. Baby have trauma in his hand and his middle finger become hyper extend on ex ptcan not flex theDIPJ what is affect:

A. Superficial flexor muscle
B. Flexor muscle proufundia

18. Pic and hx of lesion(palpaper) in hand abdomin all over the body itching: Scpis

19. Pt acute pancreatitis with low ca + high glycose what is his nutrition :

A. Restrict diet low glycose high ca
B. TPN
C. Nasojejunal tube

20. Pt have stenosis at l4 and l5 what will feel:
Parthasis at inner thigh

21. Most common cause of subarachnoidhemorrhage

A. Berry aneurysms

B. Congenital ateriovenous malformation

22. Sign of brain dead or cerebellar

bilateral fixed dilated pupils ,absent gag reflex

23. Pt with dm and 24 hour urine show 140 abuminurea

A. Start ACEI
B. refer to a nephrology clinic

24. Baby have Ferrous ingetionin high amount and come with abdominal pain diffuce serum ferritin is lap lap :

A. Renal dailylsis
B. iv dexoframin (iron antidot)

25. Witch is minor criteria of rheumaticfever:

Fever

26. Thin pt live in very crowed area xray show fibrouspatch in upper rt lope and there is couph and wheezing what to give to contact:

A. BCG
B. H inf vaccine
C. Meningococcal

27. Old man come with hx of vomiting and lower abdominal pain there is mass in lower abdomen(hx of testicular cancer):

A. Refer to surgeon
B. Refer tourology

28. what is come with ovarian cyst not with ascites:

A. dull anterior and resonant laterally
B. resonant ant dull laterally
C. Anteriorly dullness and lateraly tympani

29. pt look ill and have epigastric pain and anemia:

A. start omeprazole
B. endscopy

30. pt with diverticulitis :

A. CT (best)
B. sigmidscopy
C. colonscopy(contraindicated in acute phase due to risk of perforation)

31. hx of pt have high growthhormone what will increase also:

A. ACTH
B. Anterior pituitary gland hormone

32. Baby ingestionunknown chemical come with drawling :drink 2cup of milk Upper endoscopy

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↓

SLE exam of 23rd of April 2013

1- A pregnant woman in her 3rd trimester , wants to know if there is a possibility that her baby is Down's Syndrome , what you suggest :

-Chrionic villous biopsy

-Amniocentesis

-Ultrasound

2-The mechanism of action of the drug that is used in treatment of Anxiety is :

-Decrease the availability of serotonin

-Increase the availability of serotonin

-Blockage of serotonin production

3-A patient who is an IV drugabuser , on a blood smear it was found out that he developed an RNA virus of a *Flaviviridae*family , the Virus is :

4-A wife complains that her old husband is having memory loss and can barely remember events lately , he was diagnosed as having Alzehimer disease , the damage is in :

-Frontal lobe

-Parietal lobe

-Temporal lobe

-Occipital lobe

5-A 6 years old child was born for a mother whos infected with hepatitis B, the child since birth never received any vaccine exept for BCG , what do you give him now :

-MMR, HBV, Hiv, DPT

-MMR,HBV,POLIO,DPT

-MMR, HBV,POLIO, Hiv

-DPT,HBV,POLIO,Hiv

6-Female was found to have Z score of -3.5 on bone densometry , she has :

-Osteoporosis

-Osteomalacia

-vertebral collapse

7-A child took much of Aspirin pills he was rushed to ER, his liver enzymes were high due to :

-Denaturation of mitochondrial enzymes

-Denaturation of cytochrome oxidaze

-Denaturation of liver albumin

8-The most appropriate test to diagnose Pulmonary Embolism is :

-V/Q ratio

-Pulmonary Angogram

-Chest x-rays

9- A female patient came to the clinic complaining of a mass on a vagina she has a history of repeated unprotected intercourse with multiple partners, upon examination she has a wart in the vagina , the causative agent is :

-Herpes simples

-Neisseria Gonnorhea

-Treponemmapallidum

-Molluscumcontagiosum

10-A Patient developed fever and sore throat 3 days ago, now he has developed vomiting and papilloedema ,whats the nest step to do :

-Culture

-Lumber Puncture

11-A Patient develop neurological deficit , congested neck veins and tachycardia , he used to take a polish white rice as a meal , he has :

-Wet beriberi

-Dry beriberi

-Vitamin A deficiency

-Folic acid deficiency

12-A patient came to the clinic complaining of a retrosternal chest pain that increase while laying down ,the most appropriate treatment is :

-Sublingual Nitrates

-Antiacids

13-A patient whos hospitalized after a major operation , he developed a small pulmonary embolism that was confirmed by pulmonary CT , what is the best drug to give :

-Heparin

-Warfarin

-Streptokinase

-Aspirin

14-A hypertensive man whos taking hydrochlorothiazide and B.blockers as medications , he suddenly developed loss of consciousness , regained it back , investigations were done for him CT brain,Cardiac enzymes ,they were all clear , two days later he lost consciousness again , what you will order :

-Order Cardiolite

-Stop Hydrochlorothiazide

-Add vasoconstrictor

-Order cardiac enzymes

15-A middle aged female who is obese , developed right upper quadrant pain got more sever last 3days , the pain is radiating to the shoulder , investigations showed high levels of direct bilirubin , what is the best management:

-Urosodil

-Lithotripsy

-Cholecystectomy

16-A female came to the clinic with her husband complaining of not conceiving, investigations were done to the couple were all normal , the best drug to be given to improve her ovulation is :

-Clomopine

17-A female patient who is taking a Retin-A Gel for acne in the face , you should warn the patient about the side effect of this cream which is :

-Sensitivity to sunlight exposure

18-A patientwhosparaplegic , bed ridden , developed a non-blanching ulcer in the sacral region , he has :

-Bed sore

-Bacterial ulcer

19-A Male patient who developed redness itchiness in the eyes with excess tears that are clear no presence of mucopurulant discharge , he received antihistamine after which he developed burning stinging in the eye , he reports that sits infront of the computer for almost 6hours per day what is the cause of this condition :

-Release of histamine by mast cells

-Type 4 hypersensitivity reaction

20-A male patient complain of tenderness around the perianal region for 3days , upon examination it was fluctuant , but the pain was so sever so anal scope couldn't be performed , whats the best management :

-Hemorroidectomy

-Hot bath and analgesics

-was and give antibiotics

-Sclerotherapy

21-The best advice to give for a middle aged woman who has Osteoarthritis is :

-Walking exercise

-Back exercise

-Decrease wight

22-What is the advantage of using a Currate in Dilation &Currettage in Obse :

-Decrease operation time

-Decrease perforation chane

-Decrease infection chance

23-The best way to investigate Appendicitis :

-Ultrasound

-Repeated abdominal film

-Barium swallow

-CT scan

24-An old menopausal woman developed dryness in the vagina , she recently became depressed has loss of apetite decrease sleepness , the best management is :

-Estrogen Cream

-Amitryptaline

25-The following drugs :phosphodiesterase 5 inhibitors, Yohimbine and L-arginine are given for :

-Male impotence

-Male azoospermia

-Female arousal

-Female Orgasim

26-A 2 week baby born with hypotonia, areflexia, fasiculations of the tounge and respiratory distress, he was born full term , pregnancy with this baby was normal not eventful , nerve conduction studies were done and were normal, he has Pneumonitis on x-rays , the diagnosis is : -Myasthenia Gravis

-Gillian Barre syndrome

-Hypothyroidism

27-A child developed pain and discharge from his ear, on examination there was a discharge from the ear canal and sever pain upon pulling the pinna of the ear out, the diagnosis is :

-Otitis media

-Otitis externa

28-A child who is pale tachycardic and has frontal bossing , the diagnosis is :

-Hemolytic anamia

-Hemoglobinopathies

29-A young boy who swallowed more than 3 pills of iron , he was rushed to the ER , the best INITIAL management is :

-activated Charcol

-Gastris Lavage

-intravenous deforoxamine

30-which one of the following medications can cause gastric bleeding :

-Acetaminophine

-Thyophilline

-Ibuprofen

-Morphine

31-A young boy who has fever , sore throat ,bilateral knee pain and pericarditis , what is the best investigation to confirm the condition :

-Aspiration from the knee

-ASO titer

-Echocardogram

32-A 45 years old male developed enlarged diffuse goiter, disfiguring, hoarsness of the voice , he is cold intolerant , has weight gain , low T3 whats the best management :

-Total lobectomy

-Levothyroxine

-Replacement of the hormone

33-A female came to the clinic complaining of the weight gain , cold intolerant , bradycardia what is the treatment :

-Levothyroxine

-Propylthiouracil

34-A young boy came to the ER having a human bite on his hand , he received tetanus toxoid 9 years ago , what you will do for him :

-Wash the wound with normal saline and cover

-Give Amoxicillin/Clavulinic acid while culture is pending and a booster dose of tetanus toxoid

-Give Erythromycin/Sulfadiazine while culture is pending and a booster dose of tetanus toxoid

35-A doctor should refer a patient with a burn to a Burn Specialist if he has :

-10 cm erythema in the shoulder

-Painful epidermis

-Painful blister

-Painless lesion in the face

36-A bite of an infected cat introduced which of the following organisms :

-Eikenella corrode

-PasteurellaMultocida

37-A psychotherapy of reconditioning the patient or association between stimulus and response is :

-Cognetive behavior

-Exposure and desensitization

-Group psychotherapy

***38-An* old female who has a history of breast cancer , she was diagnosed recently with Osteoporosis , the best treatment to prescribe for her is :**

-Estrogen

-Vitamin D

39-A post menopausal woman is scared to get a vertebral compressor , the best advice to give her is :

-Vitamine D

40-A young adult who complains of buttock pain , lower back pain relieved by activity , what is the diagnosis :

-Reactive arthritis

-Psoriatic arthritis

-Ankylosing spondylitis

41-A man complains of a penile discharge after an un protected sex , culture showed gram negative diplococcic, what is the diagnosis :

-Syphilis

-Gonococcal urethritis

42-10 years old boy developed red eyes ,sneezing edematous mucosa in the nose , what is the diagnosis :

-Influnza

-Allergic rhinitis

-Bacterial infection

43-A young boy known asthmatic , used to participate in school in athlets work, he takes a short acting Beta2 agonist by which it helps him well , and relives his episodes very well, it has been a month now since he last time participated in any athlets work , in a doctors re-evaluation of the case , what is best question the doctor can ask to evaluate the efficiency of the current medication ?

-Ask if he can cope well with the teammates?

-Ask if he coughs at night?

-Ask if he coughs between meals?

-Ask if takes this medication more frequently?

44-A boy who is 11 years old doing well , no complain , participates well in activities , he has an older brother who died suddenly , which disease the doctor should predict among these diseases in the future :

-PDA

-ASD

-Hypertrophic cardiomyopathy

-VSA

45-A boy whos is 10 years old develops pain in the medial side of the knees after running for alongtime , otherwise normal range of movments , what is the diagnosis : -
Osgood schlatters disease

46-The best drug to be gives for a Leukemic patient who has nausea and vomiting is :

-Ondoseteron

-Granisetron

-Metoclopramide

47-Graph of Hepatits B serology , what is the serological marker that is found in the window period :

-HB S ag

-HB S ab

-HB e ag

-HB e ab

48-A young male that was previously diagnosed of having HIV , recently developed purple lesions in the body and oral cavity , what is the best treatment :

-Oral antibiotics

-Topical antibiotics

-Steroids

-Chemotherapy and Radiation

49-Mechanism of action of SSRI :

-Increase the availability of Serotonin

50-A young female patient with polyps seen by colonoscopy , she is supposed to have colonoscopy repeated every :

-6 monthes

-3 monthes

-1 year

- 1 month

51-A 16 years old female who has vaginal bleeding every 3weeks – 2monthes , normal amount of blood , no pain , all investigation done for her was normal , what a doctor should tell her:

-Tell her if pregnancy test is negative and ultrasound is normal , she probably has no illness

-Do FSH test

52-A young female with a clear discharge from the nipples , what investigation should be done for her :

-Mammography

-Breast Ultrasound

-Pralactin assay

-ACTH assay

53-A patient complaining of S.O.B , on examination one nostril is edematous and blocked , what is the best INITIAL management :

-Decongestatns

-Sympathomimetics

-Corticosteroids

-Antihistamines

54-A study was done in 1980 among 50.000 alcoholics in rural area , later on between 2005-2008 same study was done again among them , what is this type of study:

-Retrospective Cohort

-Case control study

-Cross sectional Study

55-A picture of a huge deglutinig mass in the neck , what is diagnosis :

-Throglossal cyst

-Goitre

56-A patient with a mass in the middline of the neck that moves upon protrusion of the tounge , what is the diagnosis :

-Goitre

-Thyroglossal cyst

-Cystic Hygroma

57-There is an outbreak of TB , what is the best prophylaxis to be given :

-BCG

-Rifampicin

-Isoniazid

58-A man goes out in public , saying bad wards to strangers , he can not stop doing so , he is not awars of his condition , what does this patient has :

-Neurosis

-Depression

-Loss of association

59-A new mother brings her 2 weeks old baby saying that he has problem in breathing and he is dying , on examination the baby is normal , the mother has :

-post partum psychosis

60-A patient has redness of the eye, itchiness, photophobia, on fluresence it shows dendritic changes , what is the diagnosis :

-Corneal abrasion

-Viral keratitis

-Corneal laceration

61-A young child who had sore throat and bilateral knee pain, he recently developed tined bloody frothy sputum and bilateral changes in the cheecks. On examination he has pulmonary hypertention and atrial fibrillation , what

Is the diagnosis:

-Coronary artery disease

-Infective endocarditis

-Congestive heart failure

62-A male with weight loss fever for one month non subsiding ,on examination he has supraclavicular nodes ,tender enlarged liver, x-rays shows hilarlymphnodes , diagnosis for TB was negative , what is the next step a physician should order:

-X-rays

-Liver biopsy

-Lymph node biopsy

63-Patient has sore throat ,hepatospleenomegally what is the diagnosis:

- Lymphoma

64-A pregnant female with sudden shortness of breth, increased PT and APTT , X-rays shows ground glass appearance , what is the diagnosis:

-Amniotic fluid embolism

-DIC

-Pregnancy ITP

65-A boy on examination he is pale ,tachcardic and has low ferritin and low TIBC , what is the diagnosis:

-Iron deficiency anemia

اتوقع السؤال ففَ لبس

Disease	Iron	TIBC/Transferrin	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

↓

1- Pregnant lady in her fist trimester, was not vaccinated with MMR, she had a close contact with Rubella, what is the next step

No treatment

Give MMR vaccine

Administer immunoglobulin

2- Old man with anemia, hypo chromic and microcytic RBCs.. next step?

Serum Iron analysis Endoscopy

3- Old man with a non tender cervical mass, what is the best diagnostic procedure

Fine needle aspiration CT
scan

4- cardiac arrest, ECG shows no identifiable QRS complex, what is the most likely etiology:

Drug toxicity
Atrial disfunction
Ventricular dysfunction

5- Woman complaining of postpartum haemorrhage, what is the most appropriate treatment

Petressin IV and normal saline
Packed erythrocyte with normal saline

6- What is the most common cause of 2ndry amenorrhea AND elevated FSH and LH:

Pregnancy
Menopause

7- The most appropriate initial treatment to a child with spontaneous epistaxis :

Press the anterior inferior part of nose and lean the head forward

Press the anterior inferior part of nose and lean the head backward

8- How is rheumatoid arthritis caused Organism penetrates the skin infection of the pharynx and tonsils

9- infant with diaper rash with had multiple treatments with steroids, satellite lesions were found, what is the management continue local steroid Systemic steroids local anti-fungal local antibiotic

10- patient has mitral stenosis, so the heart compensates increasing load on left atrium, what is expected:

Left atrial hypertrophy and dialation

Left atrial hypertrophy and increased pulmonary capillary pressure

11- osteoporosis t and z score, (there were several T and Z scores in different bones, so i personally have chosen the highest which was 2.6 and the choices were): Osteoporosis osteopnea sever osteopenea

12- A child woke up with croup, what is in the differential diagnosis

Tonsillitis

Foreign body

Cystic fibrosis

13- 8 years old girl with a BMI>30 , what would you advice the parents?

Give hypoglycemic agents

Strict diet

Lifestyle modification

14- a man who will be using Steroid drops on his eyes for a long time, what is the most likely adverse effect

Cataract

Glaucoma

(other choices i don't remember)

15- a man working for a long time on a hot environment, he has distal cramps in lower and upper extremities, he is conscious and no other physical findings, how to mange:

Core body cooling

Electrolyte replacement

16- the nul huypthesis there is no significant difference between two pupulation the power of study for significant difference between two population is nil

17- Picture of distal finger with red papule, it was painful and was treated for one weak with Augmentin with no cure: surgical excision and drainage under general anesthesia surgical excision and drainage under regional anesthesia continue augmentin for another weak change antibiotic

18- a man with osteoarthritis and developed ulnar nerve compression, initial management:

nerve decompression from cubital canal Physical therapy

19- comatose man with cherry red skin:

Alcoholism

Carbon monoxide poisoning

20- When will the growth of spine stop after menarche:

12 months

24 moths

22/12/2012

:

A) Give AB for 10 days

B) Antihistamine

C)

D) Give another AB

2/50 y female with brest cancer and CA125 elevated ..so elevation due to

A. Breast cancer

B. Associated with ovarian cancer

C. Due to old age

D. Normal variation

3 /about child 11 month & SCD , pnemocoo vaccine :

A. -hepatopnemo vaccine is the only recommended for children above 2 year

B. Children with high risk even if he take pnemp vacc. We should give prophylactic AB C. 23valent given

4/Chemoprophylaxis of v.cholera..

A/erythtomycin

B/ tetracyclin

A for children and B for adults

5/2 workers recently exposed to radiation after a blast in a nuclear power plant,but they looks normal ,no signs of specific findings after examination whats the managment

A/ Keep them isolated
B/ discard their cloths
C/ only reassure them that they are fine
D/ give 2 aspirin and discharge

6/child had recent onset flu then develop red eye + lacrimation no itching dx:
A/-viral conjunctivits
B/-bacterial conjunctivitis
C/. allergic conjunctivitis

7/The antibiotic prophylaxis for endocarditis is:
A/2 g amoxicillin before procedure 1 h
B/1 g amoxicillin after procedure
C/2 g clindamycine before procedure 1 h
D) 1 g clindamycine after procedure

8/20 yrs old man NOT KNOWN TO HAVE MEDICAL PROBLEM PRESENT C/O increase heart beat (PALPTATION) , NO CHEST PAIN , NO DYSPNEA OR COUGH , OE: ALL NORAML , CXR: -VE , BP 135 /110 , ECG >> 210 BPM >> NO INJURY EVIDENCE . WHAT THE NEXT STEP >>
A- COMPUTED P-R INTERVAL
B- V/Q SCAN
C- CARDIAC ENZYME

9/59 y/o presented with new onset supraventicular tachycardia with palpitation,no Hx of SO Or chest pain ,chest examination normal , oxygen sat in room air = 98% no peripheral edemaOthers normal, the best initial investigation:

A. ECG stress test

B. Pulmonary arteriography

C. CT scan

D. Thyroid stimulating hormone

10/patinet improve with antidepressant , suicide risk:

A/great
B/ less
C/ same

11/Female come with lump n breast which one of the following make u leave her without appointment :

A cystic lesion with seruse fluid that not refill again

B fibrosystic change on histological

-- regarding breast malignancy .. come Bilateral ?
-

A-infiltrating ductal carcinoma

B-lobular carcinoma

C-paget dis

D-ductal ectasia

12/Paranoid personality disorder:

A-most prevelent personality disorder

B-lead to paranoid shizophrenia

C-needs high antipsychotic medication to manage

D-somthing about mistrust

13/Mechanism of action of SSRI is ?

A. Increase availability

B. Block receptor

C. Decrease availability

14/pt taking antidepressant drugs works in an office ,, next day when he came ,he told
you that he have planned a sucide plan ,, ur action is

A-counceling

B-admit to hospital C-call to police

D-take it as a joke

13/which of the following medication s associated wid QT prolongation??

A:chloropromazone B:clozapine:

C:helopridol

D:riprasidon

14/most common cause of sleeping in daytime is :

A-narcolepsy

B-mood disturbance

C-general anxiety disorder

15/pt having copd and taking treatment glucoma ,,which of the drug is c/I

A-pilocarpine

B-TIMOLOL
C-BETAXOL
D-ACETAZOLAMIDE

16/ patho>>alzehimer disease

A/multi infarction

B/brain cell death

17/clear case of hypothythyrodisim

18/case of PID mX

A/admission+AB

b/AB+D/C c/

laparoscopy

18/antidote of (acetaminophen)paracetamol is - oral N acetyl cysteine

19/A question about the method of taking pap smear !! A.
Vaginal sample.
B. 3 samples.
C. 1 sample from os.
D. 3 sample from endocervics

20/Mechanism (affect)of ocp in cx

21- Most common cause of postmenopausal benign bleeding: A-
cervical polyp
B- cervical something؟
C- atrophic vaginitis
D- endometrial hyperplasia

22/-ve dipolococci with penile secretion>>gonorrhea

23/Mcc of 58 yrs+heaing loss

A/Otosclerosis

B/Tinnitus

C/OTITIS MEDIA not sure

15)about kwashiorkor

A)low protein,high carbohydrates

B)=========,low =====

Chigh ====,high =====

D)high ====,low ===

16/specific phobia mx

A/psychotherapy

B/ssri

17/ovarian cancer with deep voice.male feature?

A/leydig cell cancer

B/struma ovarii other

options?

18/hepatosplenomegaly +S&S of malria >>>ring stage of malaria (pic)
19/child with scaly hair loss in border of hair growing

A/t.capitus

B/t.versicolor

20/multi trauma of labour first line mx

airway

21/case of neurofibromatosis

A/axilla frenckilng

22/pt. with more sweating in plam sole and axilla what's topical treatment

A/.steroid

B/almonium sulphate??

23/Pt. many c\o but when no body take care for him he is not c\o never ever

A/Malingering

24/15 year old male asthmatic his doctor advied him to take oral glucocorticosteroid plus short acting inhaler and daily peak flow meter his 25/asthma is considered.

A- mild intermittent
B- mild persistant
C- moderate D- sever

26/most common complication of acute pancreatitis:

A-fistula

B-pseudocyst

C-abcess

D-phelgum

E-bowel obs

27/pt. complain of Rt. Hypochondrial pain and fever , he have past H\O bloody diarrhea and + Ent. Hystoltica in stool < he done aspiration for liver ____ anchovy sauce as result Dx:

A/amoebic liver abscess

B/pyogenic liver abscess

28/hzv ttt

acyclovir >>

29/Gerd mx

30/breast feeding with clostrum

A/excusive 6 months B/excusive

8 months

C/suction of clostrum then start feeding.

D/??Should to continue feeding 12 months

31/Pt. with peptic ulcer advise pt. regarding his pain

A/endoscope

B/ NSAIDS

32/Ascites+cld advise pt to

A/Decrease fat

B/Deacrease water

C/Decrease salt intake

34/Gestational Dm PT.may develop to>>

A/DM1 B/DM2

35/pt with sudden lt leg pain Pale,cold

A/arterial thrombus

B/arteria embolus

36/ pregnant lady with UTI c/I drug >>congenital malformation

Fluoroquinolone

37/56 y old present with vasomotor rhinitis

A. Local anti histamine
B. Local decongestion
C. Local steroid
D. Systemic antibiotic

38/The most active form is:

a. T4

b. T3

c. TSH

d. TRH

39/10 guest came ate something came to ER then admitted due to dehydratyion,, hx of vomiting mcc organism is

A/Staph.

BGardia

Dysentery

40/AB of case of meningitis>>penicillin

41/12 yrs with + (meningitis)+asymptomatic ttt

A/IM ceftriaxone one single dose

B/Reassure parent

C/Rifampine

42/In city with population of 15000 people & 105 births per year , 4 stillbirths , 3 died within months ,2 died before their 1st birthday , with 750 moved out of the city and 250 came in.. the perinatal mortality rate in this city

A/4
B/6
C/8 D/9

↓

تم تجاهل بعض الأسئلة المكررة والتركيز على الأسئلة الجديدة

(الأسئلة التالية مجَمَّعة من اختبارين)

1-DM pt…went an elective surgery for hernia …he is fasting form midnight…concerning his insulin you will give him: a-half dose of morning dose b-half dose of morning and half dose of midnight c-usual insulin dose d-you will let him omit the scheduled surgery dose

2-most common (or first line..i don't remember) Ax for OM; amoxicillin

3-pt with risk factor for developing infective endocarditis..he will underwent an urology surgery..and he is sensitive for penicillin..what you will give him?

IV vancomycin plus IV gentamicin a-

b-oral tetracycline?? c-no need to give

4-long scenario about obese pt and his suffering with life…the important thing that he is snoring while he is sleeping…and the doctors record that

he has about 80 apnec episode to extend that po2 reach 75% no other symptoms..exam is normall..your action:

a-prescribe for him nasal strip b-prescribe

an oral device c-refer to ENT d-refer for

hospital for CPAP and monitoring

5-pt with typical signs and symptoms of DVT..which one of the following will increase her condition:

a-DIC b-Christmas

disease(Haemophilia B) **6-what is**

the pathophysiology infection in

DM:

(why they develop infection)

a-decrease phagocytosis b-

decrease immunity c-help in

bacteria overgrowth

7-pt came with pnemosistis carini infection..what is your action?

a-Ax and discharge b-check

HIV for him

8-3 days old baby..with HBV positive..your action?

a-immunoglobulin and one dose vaccination

b-immunoglobulin c-three doses HBV

vaccine

9-varicilla vaccine in adult; a-

2 injection 2 week apart b-2

injection 6 week apart **10-pt**

with mass in his left

shoulder..3 cm in its greatest

diameter…with punctum and

foul white discharge if

squeezed..he is

asymptomatic

Your action: a-

core biobsy b-total

excision c-

cryotheraby d-Ax

11-pt with DM and obese ,plane to reduce his wt is : a.decrease calori intake in day time
b.decrease calori and increase fat
c.decrease by 500 kcal/kg per week

d.decrease 800 per day

12-case about pt with papules in the genital area with central umbalicasation (hx of unprotected sex)

(Molluscum contagiosum)

a-Acyclovir

he mentioned names of two strange solutions(podofex -monfil??or some thin like that

13-Old pt , right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall , what to do : a. Urgent surgical referral .

b. Antibiotic. ???

c. Barium enema.

d. Colonscopy ???

14-conserning depression: a-SSRI is associated

with20% risk for sexual dysfunction b-venlafaxine can

ve used safely in sever HTN

15-which one of the following is true about exercise :

a- exercise decrease HDL b- exercise increase C reactive protein

c- not useful in central obesity d- to get benifet…you have to exercise dai **16-pt with Hx of unprotected sex…cam with**

penile discharge …culture done and revealed gram negative diplococcic, Associated picture of the discharge and the gram stain Your diagnosis:

a-chlamydia b-

gonorrhea c-

strept d-staph

17 - 50 years old female with anxiety …she had a Hx of an interview about one month ago when she became stressed.. anxious …tacycardic ..dyspnic … and she had to cancel it , She is always try to avoid that room that she had the interview in it

Diagnosis? a-GAD

b-specific anxiety disorder

c-panic disorder d-post

traumatic disorder **18-**

your plan in

management of Crhons

disease (as long term

management)is to watch

for: a-lopus like disorder

?? not sure b-serum

sickness reaction

19-40 year old female(G2 P2) with hx of heavy bleeding and bleeding between periods….no hx of taking any contraceptive method …she didn't gave hx of intercourse for more than one year…because her husband in travel …I don't remember about the examination..but I think it was normal) Your diagnosis: a-anovuatory cycle b-endometrail cancer

20-pt wake up with inability to speak!!..he went to a doctor..he still couldn't speak..but he can cough when he asked to do..

(He gave you a picture of his larynx by laryngoscope..which grossly looks normal!!) Your diagnosis:

a-paralysis of vocal cords

b- infection c- functional

aphonia

21- pt with pain in Rt iliac fossa..while you are doing your palpation he developed an vomiting and nausea !!: tour diagnosis? a-crhons disease b-appendicitis c- diverticulitis

22- best initial antidepressant:

SSRI

23-typical presentation of MANIA..(he asked about the diagnosis)

24-Case of ENTROPION(red eye with pain –inflammation due to rolling in of eye lash)

25-young female with Hx of night sweat and wt loss for about 6 month

-splenomegally-reed sternberg cells in blood picture

your diagnosis is :

a- Hodgkin's lymphoma b-non

Hodgkin's lymphoma **26-**

Goodpasture's syndrome

consist of the following :

Pulmonary hemorrhage and glomerulonephritis

27- pt with ARDS had pneumothorax…what do you think the cause?

a- Lung damage b- Central line insertion c- 100% o2

28- 18 old pt wake up with sever rt pleural pain and mild dyspnea on excretion…vitals are stable ..no significant pasr medical Hx (X-ray is attached to the Question showing slight decrease in pulmonary markers of left lower side of Rt lung)

Your action is:

a- Explain to the pt that this is due to viral pleurisy b- Refer the pt for urgent ventilation perfusion scan

29- best method to maintain airway in conscious multiple injury Pt is:

a- nasopharyngeal device
b- oropharangeal device c- intubation

30-child with Hx of sore throat 5 days – fever- O/E: red enlarged tonsils with white plaque with erythematous base ..associated with gingivitis Diagnosis?

a- EBV
b- Adenovirus c- Herpes simplex virus **31-Pt had rheumatic episode in the past.. He developed mitral stenosis with orifice less than(…mm) (sever stenosis) This will lead to :**

a- Lt atrial hypertrophy and dilatation
b- Lt atrial dilitation and decreased pulmonary wedge pressure c- Rt atrial hypertrophy and decreased pulmonary wedge pressure d- Rt atrial hypertrophy and chamber constriction

32-cat bite predispose to skin infection by witch organism?

a- Staph b- Strept
c- Pasteurella multocida

33-best management in case of child with iron overdose ingestion is :

a- Gastric lavage b- Ipac
c- Self-induce vomiting

34- Pt in TB outbreak has negative PPD ..best prophylaxis is:

a- BCG
b- Chemo prophylaxis

35-Q about alcohol in pregnancy..what is true?

a- Placenta is a barrier for alcohol b- Alcohol
is not associated with miscarriage
c- [illegible] ,
hyperexitability , facial malformation

36-what is the drug that make Cholecystitis more worse?

a- Morphine
b- Naloxone c-
Phoso…??
d- Merpidine

37- pt with rheumatoid arthritis came with swelling in the knee..he asked you about the pathophysiology of that?

a- Synovial cells secretion substances
b- Prostaglandin hypersensitivity

38-62 year old Pt has Hx of osteoporotic vertebral fracture ..he did a DEXA scan and scored T:-2.4 _ Z: -1.2 for vertebral bone

And T:-1.2 _ Z: -9 for hip bone

(almost the exact Numbers in the question)

Your diagnosis:

a- Osteoporosis b- Established osteoporosis c- Osteopenia **not sure**

39- what is the organism that cause skin rash in children(I think less than 2 years) face ..accompanied with fever :

(cellulitis)

a- Staph b- Strept
c- H.Influenza

40-Pt taking isotretinoin for Acne…the true thing you have to say to him about the drug is:

a- it cause oily skin b- it cause hypersensitive skin for the sun
c- it cause enlargement in breast tissue

41-Pt came to your clinic for check -up- O/E: you noticed Exophthalmos

That she were not aware about it..how do you can measure or know the degree of this abnormality?

a- Ask family members b-
Ask for old photo c-
Measure…something?

42- Known case of allergic conjunctivitis ..that suffer in every spring..he is a Gardner and cannot avoid allergic substances…what do you advice him to reduce th symptoms in the night?

a- Sleep in air conditioned room b-
Eye drops
c- Apply cold compressors

43-A old pt came to your clinic to chick for a macule on his back with typical characteristic of MALIGNANT MELANOMA (irregular borders ,asymmetric ,more than .7mm,brown-black colure)

Revise the ABCD mnemonic of melanoma

44- diabetic women with Hx of fetal full term fetal demise in last pregnancy, what is your recommendation for current gestation?

a- Induction at 36 week b-
C/S in 38 week

45- when you prescribe wellburtin for smokers to help them to quit ,you have to ask them about what?

Hx of seizures

46- child with erythema and itching and scaling in front of both elbows, behind knees , face ..your diagnosis?

a- Contact dermatitis
b- Scabies c- Eczema

(he didn't mentioned seborrhoid dermatitis)

47- pt with rhomatoid arthritis ..asking you about permanent loss of joints .how to prevent it … what is the true :

a- Oil fish can help
b- Alternative medicine has no benefit c- DRAMADs is sufficient

48-Q about relative risk …what does it equals

(schedules is attached to the Q)

49- what is first step to conduct the epidemiological curve?

a- Collecting samples b- Verifying diagnosis **??** **c-** To know the incubation period **??**

50- one of the fallowing is one of the characteristics of randomized control study??

(I don't remember the stupid choices)

51- child with typical Hx of infectious mononucleosis.. after 8 days he came with abdominal pain… during the examination suddenly he became pale and hypotensive…what is your action?(splenic rupture)

a- IV fluids, Ax , observation b- IV fluids , urgent CT scan **52- pt with typical Hx of viral conjunctivitis in Rt eye..what is your action?**

a- Add topical steroid b- Add topical antiviral c- Add topical antibacterial

53- Pt came to you asking about why should we take influenza vaccine annually??what true thing you will tell him? Because :

a- Antibacterial prophylaxis b- Change in mood of transmission c- Changings in virus structure (something like that)

54- pt with cervical spondylosis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution.. studies showed alertness in ulnar nerve function in elbow ..tour action is :

a- Physiotherapy b- Cubital tunel decompression

c- Bla bla bla

55- pt came with osteoarthritis and swelling in distal interphalangeal joint… what is the name of this swelling ??

a- Bouchard nodes b- Heberden's nodes **56- what is boutonnière deformity in RA?**

a- PIP flexion with DIP hyperextension
b- PIP flexion with DIP extension c- PIP extension with DIP flexion

57- A women G1 P1 came to your clinic complaining of amenorrhea ..she is breast feeding for her last child 4 month old.. urine pregnancy test is negative…what is next step?

a- Prolactin level
b- TSH level c- CT scan

58- post C/S pt .. forth day ..started to develop dyspnea ..your action is :

a- Supportive therapy b- IV heparin.. arrange for urgent ventilation perfusion scan

59-child with swelling in his Rt thigh with erythema and pain.. no significant past history .. movement still possible .. knee is not swelled .. next step?

a- Blood culture

b- ASO titer c- X- ray **60- man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest in hyperresnoant.. your action now is :**

a- Rt pneuoectomy

b- Intubation c- Tube thoracotomy

d- Lung pleurodisis

NB; no choice like needle aspiration in second intercostal space

61- Old Pt was coughing then he suddenly developed pneumothorax best management:

a- Rt pneuoectomy b-
Intubation
c- Tube thoracotomy
d- Lung pleurodisis

NB; no choice like needle aspiration in second intercostal space

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Mostafa Ahmed My Exam on 29-8-2013

1- Case of acute pharyngitis and arthritis and fever asking about diagnosis :-

A- Rheumatic fever

B- Rheumatoid arthritis C-

juvenile idiopathic arthritis

other disease

2- Female patient ,, the Q show table about wheight and hieght + BMI is 24.2 ,, this patient is

A- Obese

B- Overweight

C- Normal body weight

D- Morbid obesity

3- What is the most true statement about the benefit of excersice continuous steady excersice increase BMI A- Excersice decrease HDL

B- Truncal obesity resistant to excersice

One more statement I didn't remember

4- Dry mouth is SE of

A- Pesudoephidrine B- Loratidine -

C- Atropine

One more drug -

6- Patient diagnosed and treated from H.pylori .. the doctor should screen him for A- Gastric cancer

B- Gastric bleeding

C- Gastric atrophy

7- Female patient with red macule on face ,, she give hostory that lesion present since birth ,, best treatment

A- Laser

B- Intralesional corticosteroids

C- Oral corticosteroids
D- Surgical excision

8- Teacher she say she had contact with known case of meningitis ,, what is the prophylaxis
A- Rifampicine
B- Cefuroxime C-
Amoxicilline D-
Steroids.

9- Known case of polymyalagia rheumatica came with vision loss ,, sever myalagia and fatigue what is the treatment
A- Prednisolone
B- Antibiotics
C- Tricyclic antidepressent
One more drug

10- Regarding sexual dysfunction ,, yohimbine and l-arginine are used in the treatment of A- Male impotence
B- Female organ dysfunction
C- Azospremia
D- Female arousic dysfunction

11- Patient came for eye examination , he didn't complain anything no history of medical illness , so the frequency of eye examination A-
6-9 month
B- 1-2 year
C- 2-3 year
D- 4-5 year
E -5-7 year

12- 60 years old male , heavy smokers for 30 years complain of progressive hoarsness of 2 months ,, the Q show pic of vocal

cord ,, the diagnosis is

A- Papilloma

B- Nodules

C- Carcinoma

13- Female she always washing her hands and she have idea that her hands is dirty ,,, the diagnosis is

Obsessive compulsive disorder

14- Case of child , 22kg , dehydrated , the rate of fluid given to this child per hr is

A- 30ml

B- 65ml

C- 90ml

D- 130ml

15- Patient live in subtropical area came with insect on his lower limb with cholinergic and adrenergic symptoms ,, the cause is A-

Scorpion

B- Brown red reculus spider

2 more choices I didn't remember

16- Best drug for moderate to sever anxiety

A- Aloprozolam

B- Imipramine

C- Phenilzine

D- Haloperidol

17- Patient with sever acne , the benefit of early treatment is

A- Prevent physical scarring

3 more choices I didn't remember

18- Patient came with GCS E4M5V4 the interpretation of the response is

19- Female patient athletic … 3 month of amenorrhea , physical examination normal ,, lab investigation

FSH , normal LH , normal

Prolactine , normal

The diagnosis

A- Ovarian or adrenal failure

B- Pituitary adenoma

C- Hypothalamic amenorrhea

D- Genetic syndrome

20- Treatment of leprosy according to WHO recommendation

A- Colchicines

B- Dapsone

C- Rifampicine

Other drug I didn't remember

21- IV drug abuser came complaining of many ohysical illness every week , when patient is ignored and leaved alone he looks good , diagnosis A-

Conversion disorder

B- Somatic delusion

Other 2 choices

22- 4 persons came 2-6 hrs after eating meal complaining of vomiting , diarrhea,crampy abdominal pain the causative organism is A-

Staph aureous

B- Colostridium butulinum

C- Cholera

D- Salmonella

21- Lactating women of 10 month baby have , she is known case of seizures on phenobarbiton , she asked you about breast feeding :-

A- Breast feeding after 8 hrs of taking medication

B- Wean for 3 weeks and observe seizures

C- Contraindication of breast feeding

D- Stop drug and followup seizures

22- 15 years old female with unilateral breast enlargement o\e

mild tenderness and no discharge no mass palpable

A- reassure the patient

B- oestrogen

C- OCP

D- Tamoxifen

23- Patient with trauma to the chest came with dyspnea , increase pulse rate and respiratory rate , decrease blood pressure , the Q show pic with left side opacification ,He ask about the best managemet

Chest tube insertion

24- Patient with oethopnea , paroxysmal nocturnal dyspnea , exertional dyspnea and history of mitral valve disease , the diagnosis is

A- Left side heart failure

B- Right side heart failure

C- Aortic stenosis

D- pulmonary hypertension

25- HIV patient with eye problem on examination , necrotizing retinitis , flame shaped haemorrhage cotton wool appearance , the causative agents

A- CMV retinitis

B- Toxoplasmosis

C- HSV

More choice

26- Patient with fatigue , weakness , lab result show HB 19,ALP increased , HTC increased , the diagnosis is

Polycythemoa vera

27- Patient with polycythemia after hot shower complain of pruritis , the cause of that

A- Abnormal histamine release

B- Increase histamins sensitivity

2 more choices

28- Obese young patient complain of sever thirsty and polyurea , lab result show

FBS 230 , HBa1c 7.5 , TG increased , cholesterol increased , LFT normal

The best initial treatment is

A- Insulin

B- Biguanides

C- Alpha glocosidase inhibitors

D- Thiasolidinediones

29- Patient came with clinical scenario of lymphoma which is fever , night sweats , fatigues , lymphadenopathy , unexplained weight loss , on microscopic examination show reed-sternberg cells , the diagnosis is

A- Hodgkins lymphoma

B- Non-hodgkins lymphoma

30- Patient treated with clindamycine , came with symptoms and sign of colitis (pseoudomembranous colitis) what the most appropriate investigation :-

Clostridium difficile toxins in stool

31- Long term use of high doses of opioids associated with

Renal pain .

32- Patient with hypertrophic subaortic stenosis , undergo dental surgery and asking about prophylaxis

No need for prophylaxis

33- Pregnant lady with history of uterine fibroids , complaining of sever pain , on examination the fetus is alive , what to do ,

A- Pain management

B- Delivery of the baby

34- Which of the following associated with fetal congenital heart disease

A- Rubella

B- Toxoplasmosis

C- HIV

D- HSV

35- Women did pap smear and repeated again showing high intraepithelial undifferentiated cells what to do ..

A- Colposcope

B- Cone biopsy

C- Total hysterectomy

One more choice

36- Patient with discharge from ear , on examination red tympanic membrane , the treatment

A- Oral antibiotics

B- Topical antibiotics

C- Oral steroids

D- Topical steroids

37- Postmenopause women ,, what you should expect

Osteoporosis

38- Drug named methylergotvinine used for treatment of post partum haemorrhage should be avoided in which condition

Maternal HTN

39- Patient with foreign body in eye ,, after removal you must give

A- Topical antibiotics

B- Oral antibiotics

C- Steroids topical

D- Steroids oral

40- Patient compalaining of decreased vision acuity within 24 hrs , ocular oain on movement fundoscope show optic disc edema the diagnosis

A- Multiple sclerosis

B- HTN

C- DM

D- One more choice

41- Patient with symptomatic inguinal hernia what statement you should advice to the patient

A- Surgical repair is needed

B- Medical treatment can delay surgical intervention

2 more choices

42- Patient brought by his parents complaining of gum swelling and bleeding with toothbrush , on examination there is red erythematous area and painful vesicle on lips and gums , the causative agents

A- VZV

B- HSV

2 more choices

43- Child with ulcer in mouth , the ulcer margine is well demarcated and red , superficial and yellow floor , very painful , the diagnosis

Aphthous ulcer

44- Which subtype of bipolar disorder type 2 best responsive to lithium

A- Dysphoric

B- Rapid cycling

C- Mixed D-

Classic mania

45- Baby born to mother vaginally develop fever then rash start at face and axial distribution then all over body , the best treatment A-

Acyclovir

B- Varicella zoster immunoglobuline

C- Antibiotics

D- Steroids

أخ ر اً

ولا أنسى أن أذكر كل من ستطّع مساعدة الغٌّر أن لاّبخل بجهده وعلمه ووقته

والله فً عون العبد ما دام العبد فً عون أخّه

قذ بزنت انجهذ وحاونت أٌْ أبهغ انقصذ أسأل الله ألا يكبيكىٌ هزا انجهذ سشاجاً في ش س ولا يطشا في سبخة ولا طعايا عُذ سكشأ وأٌْ يكىٌ بانًَقصىد وافيا ونهغهيم شافيا والله أسجى انًَنٍ بالإخلاص نكي يكىٌ يىجب انخلاص وًَسأل الله انقبىل وانشضا وانختى بانحسُى إرا انعًَش أَقضى

شكرا لجمٌُع الأطباء اصحاب النماذج السابقة

اسأل الله نكى جًَيعا انتىفيق وانسذاد

لا تُ سىًَا يىٍ دعائكى سعذ آغي

What I want is Just make Doa'a "pray " for me @saadaghi